**State Performance Plan / Annual Performance Report: Part C**

**for STATE FORMULA GRANT PROGRAMS under the Individuals with Disabilities Education Act**

**For reporting on
FFY 2020**

**Wyoming**



**PART C DUE
February 1, 2022**

**U.S. DEPARTMENT OF EDUCATION**

**WASHINGTON, DC 20202**

# Introduction

**Instructions**

Provide sufficient detail to ensure that the Secretary and the public are informed of and understand the State’s systems designed to drive improved results for infants and toddlers with disabilities and their families and to ensure that the Lead Agency (LA) meets the requirements of Part C of the IDEA. This introduction must include descriptions of the State’s General Supervision System, Technical Assistance System, Professional Development System, Stakeholder Involvement, and Reporting to the Public.

## Intro - Indicator Data

**Executive Summary**

In Wyoming, the Department of Health (WDH) Early Intervention and Education Program (EIEP) has been designated by the Governor to act as the Lead Agency for accepting Part C of IDEA Federal Funds and to provide oversight of a state-wide Early Intervention System (EIS) that serves children birth to three with disabilities. This statewide system allocates funds to early intervention programs which are located in fourteen (14) regional geographical areas across the state. The WDH, EIEP Part C Program has multiple mechanisms in place to ensure the timely delivery of high-quality, evidence-based early intervention services to all children enrolled in the Part C program. The WDH, EIEP Part C Program also provides extensive technical assistance and support to all fourteen (14) contracted EIS Programs and their staff which includes the requirement of annual professional development plans for all EIS Programs. The WDH, EIEP Part C Program has a general supervision system in place to ensure that IDEA Part C requirements are met, such as ongoing monitoring of early intervention programs which is conducted both onsite state-wide on a cyclical basis and offsite through desk audit reviews, ongoing review of data utilizing the state's data system, and dispute resolution systems.

Additional information related to data collection and reporting

The WDH, EIEP provides annual contracts to EIS Programs based on submission of an application for Part C funds. These applications must include all of the required components for Part C IDEA services, that all EIS Program staff have the qualifications and training to provide Part C services, that Part C services follow evidence-based practices, and that the EIS Program has a system in place that focuses on improving results for children enrolled in the Part C program. All EIS Programs are subject to both off-site (desk audits) and onsite cyclical monitoring. Cyclical monitoring occurs every three (3) years for every EIS Program with the state of Wyoming.

The WDH, EIEP has a web-based data system in place which stores all pertinent child file information in order to collect and report on APR and a variety of data which is further described in the General Supervision System. This data system contains all Individualized Family Service Plans (IFSP) documents and dates of completion of IFSP events.

Please Note:
Wyoming has not seen widespread closures of programs due to COVID in FFY2020, but there were instances where services or meetings were held virtually due to quarantines or illnesses. The WDH, EIEP did consider these circumstances, when documented as the reason for the delay, as "extreme family circumstances". All COVID-related documented delays were monitored for appropriateness before considering them for meeting the "extreme family circumstances" requirements.

**General Supervision System**

**The systems that are in place to ensure that IDEA Part C requirements are met, e.g., monitoring systems, dispute resolution systems.**

The Wyoming Part C general supervision system includes monitoring of each of the fourteen (14) regional programs through conducting desk audits, review of data, and onsite monitoring. The desk audit consists of reviewing selected data from Wyoming's electronic database system which stores every Part C child file. This database system records all Individualized Family Service Plans (IFSP) activities from referral, evaluations, enrolling in services, written IFSP documentation, delivering of IFSP services, progress monitoring of child outcomes, and exiting services. WDH, EIEP utilizes this database system to report on monitoring priority areas as well as IDEA Sec. 618 data and Sec. 616 SPP/APR data. This system was specifically developed to collect and track data on the participation of infants and toddlers with disabilities and their families in the monitoring priority areas identified by the WDH and OSEP. Data collected at referral and from the IFSP for every eligible child and family is entered into the database by EIS Program staff. WDH, EIEP and EIS Programs are able to generate reports from the database on a regular basis to monitor compliance and performance and audit for data validity and reliability. Files are reviewed electronically to identify potential areas of non-compliance and/or distinguished work. Monitoring procedures are inter-connected with just about all other components to assess quality, performance, and compliance of each of the EIS Programs.

Data can be analyzed as a whole or broken down to a specific EIS Program, so that the state may determine strengths and areas of need. Any errors, omissions, or inaccuracies in data are immediately sent on to the EIS Program it pertains to. In accordance with their annual contract, the EIS Program must complete all data corrections within three (3) business days. For other areas of identified non-compliance, the EIS Program is issued a finding. This finding is drafted by the WDH, EIEP with the assistance of the services provider affected by the notice of non-compliance. All findings need to be corrected as soon as possible but within a year of notice of the finding of non-compliance. With the issuance of a finding, the EIS Program is provided with professional development and technical assistance to ensure future compliance.

WDH, EIEP also conducts an annual review of compliance indicator levels and program quality using state aggregated data, individual program data, input from partnering stakeholders, or other information. EIS Programs and the ICC contribute to determining which focus activities will be reviewed. Focus activities may include off-site and on-site monitoring, as well as any additional activities that are deemed necessary and/or appropriate by the WDH, EIEP. In addition, all EIS Programs must submit an annual self-assessment of their own child files (which is verified) to determine compliance.

The WDH, EIEP conducts onsite monitoring activities for each of the fourteen (14) EIS Programs on a cyclical basis. Once an EIS Program is chosen to receive an onsite monitoring visit, a random sample of child files are reviewed to ensure compliance with Part C IDEA. Other onsite activities include observing Part C services being provided, interviewing Part C staff, and conducting a Part C fiscal audit to ensure appropriate use of funds. However, due to COVID concerns, services were not observed in FFY2020. Any areas of non-compliance found through an onsite monitoring visit result in a finding being issued. The Wyoming Part C Coordinator oversees all aspects of the finding to ensure verification of correction so compliance has been met as soon as possible but no later than one year of the notice of non-compliance.

**Technical Assistance System:**

**The mechanisms that the State has in place to ensure the timely delivery of high quality, evidenced based technical assistance and support to early intervention service (EIS) programs.**

The WDH EIEP has multiple mechanisms in place to ensure the timely delivery of high quality, evidence-based technical assistance and support to all EIS Programs. This comes through ongoing discussions and meetings with EIS Programs and early intervention providers. The Part C Program Coordinator and EIEP Manager are the official LA liaisons for all fourteen (14) EIS Program grantees and answer questions from program administrators related to Part C regulations and LA policy and procedures. WDH, EIEP are identified as points of contact based on their areas of knowledge and expertise and are the official contacts for all EIS Program administrators and staff to answer any questions and concerns regarding the Part C program. The WDH, EIEP provides annual and ongoing TA, training, and support to EIS Program staff and program administrators and provides updates on any prescribed policies or evidence-based practices for delivery of services. This ongoing training ensures high quality, evidenced-based program performance. In addition, the WDH, EIEP provides ongoing support and TA regarding all aspects of Wyoming's electronic data-based system to ensure timely and accurate reporting of all child data. Other areas of TA and support are provided through contracts for the Early Hearing and Detection Intervention (EHDI) program which assists staff in receiving training to conduct both hearing and vision assessments on children, the state's Parent Information Center (PIC) which assists the WDH, EIEP in annual training for providers, Wyoming Hearing and Vision outreach which provides ongoing TA and training for EIS Program staff, the Wyoming Institute for Developmental Disabilities which has a variety of resources available to EIS Program staff and families.

**Professional Development System:**

**The mechanisms the State has in place to ensure that service providers are effectively providing services that improve results for infants and toddlers with disabilities and their families.**

The WDH, EIEP requires that all EIS Programs submit an annual professional development plan which is reviewed by the WDH, EIEP. These professional development plans include local and statewide training opportunities aimed at increasing skill levels for early intervention providers. The WDH, EIEP also provides ongoing collaboration and support with the higher education system in the state to support the development of new personnel.

Beginning in 2019, the WDH, EIEP contracted with technical assistance specialists to develop an extensive Part C training component that is available to all early intervention providers. This training is now provided through online modules and covers the entire scope of the Part C process from best practices of initial screening to evaluation process and procedures to IFSP development and exit from services. The training is a requirement of all EIS Programs and certificates of attendance are required for EIS Program Part C staff which the WDH, EIEP monitors for compliance.

WDH, EIEP consistently reviews the data to ensure that infants and toddlers are making progress on their annual outcomes. All EIS Program data is provided to the EIS Programs and the WDH, EIEP meets with each EIS Program to review progress data. EIS Programs use the data to discuss strategies that will result in areas of improvement for all Wyoming Part C enrolled children.

**Broad Stakeholder Input:**

**The mechanisms for soliciting broad stakeholder input on the State’s targets in the SPP/APR and any subsequent revisions that the State has made to those targets, and the development and implementation of Indicator 11, the State’s Systemic Improvement Plan (SSIP).**

WDH, EIEP works closely with the state's Early Intervention Council (ICC) and other various stakeholders. The ICC consists of parents, University of Wyoming staff, EIS Program directors, a state legislator, a state Medicaid staff physician, a member of a local school district, and members from the state's Department of Health, Department of Family Services, and Department of Education.

The ICC was tasked with providing input on Wyoming's targets for the SPP/APR. The ICC met with WDH, EIEP in July and August 2021 to review and determine targets and voted to maintain targets. The ICC and various stakeholders which included early intervention providers conducted a variety of extensive activities towards the development and implementation of the State's Systemic Improvement Plan (SSIP). These stakeholders take an active and ongoing role in reviewing the SSIP data and implementation, which includes all the strategies currently being utilized, to ensure ongoing improvement.

In the stakeholder meetings for a given indicator, stakeholders reviewed the historical data and the projections for where the State would be in 2025-26 if all things stayed the same. Stakeholders were provided with an overview of the advantages and disadvantages of predictive models as well as an overview of the mindset for target-setting. Stakeholders were told that they would be selecting the end target (2025-26) for a given indicator. The State would then calculate intervening targets between FFY2020 and FFY2025 whereby there would be no increase in the target the first year, then small increments, and then the largest increment from 2024-25 to 2025-26. The purpose of using small increments at the beginning and large increments at the end is to allow enough time for district and school staff members to implement new initiatives and to change practices so that they have an opportunity to realistically meet the intervening targets along their way to the rigorous end target. After this overview in the initial stakeholder meetings, the stakeholders then determined a challenging and achievable target for the 2025-26 school year. The State then calculated intervening targets and shared these intervening targets with the same as well as additional stakeholders to get final approval for all the targets.

During target setting meetings, reports were given on progress towards the indicators. As part of the target setting process for the 2/1/2022 submission, we hosted two ICC meetings where data was presented for analysis and discussion. The data for each indicator was analyzed and members had an opportunity to reflect on the data and ask questions. Part of that discussion was barriers to improving outcomes and suggestions for improvement strategies. All responses were recorded and taken into account by state staff as part of the target setting process.

Quarterly ICC meetings are open to the public. Notices of the meetings are posted in local newspapers at least twice prior to each meeting, as well as on the public website. Local providers are invited and encouraged to attend on-site meetings, and to bring any parent members who might be interested as well. During the ICC meetings, WDH, EIEP received input on the targets for all indicators after the data was presented for analysis. Improvement strategies and evaluating progress was included in these discussions. In addition, WDH, EIEP provided online surveys for target setting to regional programs, encouraging them to seek input from providers and parents across the state. An online survey was created for each of the indicators; each survey asked respondents to provide input on the end target and the intervening targets. Two-hundred-twenty-eight people from various communities across the state completed the online surveys; of these 228, 29 were parents. Of the survey respondents, between 73-97% agreed with the proposed targets set for FFY2020 through FFY2025. Thus, WDH,EIEP is confident in the targets that were chosen.

**Apply stakeholder input from introduction to all Part C results indicators (y/n)**

YES

**Number of Parent Members:**

1

**Parent Members Engagement:**

**Describe how the parent members of the Interagency Coordinating Council, parent center staff, parents from local and statewide advocacy and advisory committees, and individual parents were engaged in setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

The parent member attends the ICC meetings on a quarterly basis. During these meetings, reports are given on progress towards the indicators. Overviews of the SSIP work are provided as part of the meetings as well. As part of the target setting process for the 2/1/2022 submission, we hosted two ICC meetings where data was presented for analysis and discussion. The data for each indicator was analyzed and members had an opportunity to reflect on the data and ask questions. Part of that discussion was barriers to improving outcomes and suggestions for improvement stragegies. All responses were recorded and taken into account by state staff as part of the target setting process.

WDH, EIEP also hosted three additional stakeholder meetings to focus specifically on the SSIP. The stakeholders were appointed and chosen by the ICC. This additional stakeholder group contained parent members, parent center staff, members of the ICC, local providers, representatives from the Wyoming Department of Education and the University of Wyoming. There was a significant amount of time spent on improvement strategies and evaluating progress. Past work on the SiMR was reviewed in detail as well as progress.

**Activities to Improve Outcomes for Children with Disabilities:**

**Describe the activities conducted to increase the capacity of diverse groups of parents to support the development of implementation activities designed to improve outcomes for infants and toddlers with disabilities and their families.**

WDH, EIEP had discussions with EIS providers regarding the involvement of diverse groups of parents in completing the parent survey. We monitored the numbers of submissions and encouraged providers to work with families to obtain a representative sample. WDH, EIEP gathered input from regions who had large survey numbers, in order to gain and share ideas with other areas in order to gain participation from all groups. Representatives from areas of the state that serve diverse groups of families were invited to attend the July 2021 ICC meeting, but due to othercircumstances they could not attend. During our onsite visits to four regional providers in the fall of 2021, we discussed parent input and parent representativeness in our decision-making processes. We scheduled the October ICC meeting in an area of the state that was underrepresented in past family surveys, and had staff and parents lined up to attend, but due to a local restrictions surrounding the pandemic in that area, we moved the meeting to a virtual format, and in the end, those representatives did not attend.

**Soliciting Public Input:**

**The mechanisms and timelines for soliciting public input for setting targets, analyzing data, developing improvement strategies, and evaluating progress.**

Quarterly ICC meetings are open to the public. Notices of the meetings are posted in local newspapers at least twice prior to each meeting, as well as on the public website. Local providers are invited and encouraged to attend on-site meetings, and to bring any parent members who might be interested as well. During the ICC meetings, WDH, EIEP received input on the targets for all indicators after the data was presented for analysis. Improvement strategies and evaluating progress was included in these discussions. In addition, WDH, EIEP provided online surveys for target setting to regional programs, encouraging them to seek input from providers and parents across the state. An online survey was created for each of the indicators; each survey asked respondents to provide input on the end target and the intervening targets. Two-hundred-twenty-eight people from various communities across the state completed the online surveys; of these 228, 29 were parents. Of the survey respondents, between 73-97% agreed with the proposed targets set for FFY2020 through FFY2025. Thus, WDH,EIEP is confident in the targets that were chosen.

**Making Results Available to the Public:**

**The mechanisms and timelines for making the results of the target setting, data analysis, development of the improvement strategies, and evaluation available to the public.**

WDH, EIEP posts the agendas and minutes from each ICC meeting on a public website. The minutes contain the results of the target setting and data analysis, as well as suggested barriers and improvement strategies. Results are shared with each regional program, and they in turn share the results with board members, community members, local stakeholders, as well as regional staff.

**Reporting to the Public:**

**How and where the State reported to the public on the FFY 2019 performance of each EIS Program located in the State on the targets in the SPP/APR as soon as practicable, but no later than 120 days following the State’s submission of its FFY 2019 APR, as required by 34 CFR §303.702(b)(1)(i)(A); and a description of where, on its website, a complete copy of the State’s SPP/APR, including any revision if the State has revised the targets that it submitted with its FFY 2019 APR in 2021, is available.**

The WDH, EIEP utilizes a variety of sources to inform the public on the many reporting requirements for the Part C program. This is completed as soon as practicable but no later than 120 days following the State's submission of the APR which includes the performance of each EIS Program on measurable indicators reported in the APR. All EIS Programs are sent their APR which they also share with their boards and other local stakeholders. In addition, the WDH, EIEP meets individually with each EIS Program to review their APR and discuss strategies towards improvement. The state's APR and the APR for each of the EIS Programs are provided to WDH administrators and all are posted on the WDH, EIEP website at: https://health.wyo.gov/behavioralhealth/early-intervention-education-program-eiep/infant-and-toddler-part-c-information/. This website is available to any member of the public. The State's ICC is provided with all of this information during the quarterly council meetings. The FFY 2019 APR report and each EIS Performance Report is posted in the same manner. This includes any updated revisions made by the state to APR Performance targets.

## Intro - Prior FFY Required Actions

OSEP notes that one or more of the Indicator 11 attachments included in the State’s FFY 2019 SPP/APR submission are not in compliance with Section 508 of the Rehabilitation Act of 1973, as amended (Section 508), and will not be posted on the U.S. Department of Education’s IDEA website. Therefore, the State must make the attachment(s) available to the public as soon as practicable, but no later than 120 days after the date of the determination letter.

**Response to actions required in FFY 2019 SPP/APR**

WDH, EIEP posted all attachments for Indicator 11 for FFY 2019 on their public website: https://health.wyo.gov/behavioralhealth/early-intervention-education-program-eiep/infant-and-toddler-part-c-information/

## Intro - OSEP Response

The State Interagency Coordinating Council (SICC) submitted to the Secretary its annual report that is required under IDEA section 641(e)(1)(D) and 34 C.F.R. § 303.604(c). The SICC noted it has elected to support the State lead agency's submission of its SPP/APR as its annual report in lieu of submitting a separate report. OSEP accepts the SICC form, which will not be posted publicly with the State's SPP/APR documents.

## Intro - Required Actions

# Indicator 1: Timely Provision of Services

**Instructions and Measurement**

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Compliance indicator:** Percent of infants and toddlers with Individual Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner. (20 U.S.C. 1416(a)(3)(A) and 1442)

**Data Source**

Data to be taken from monitoring or State data system and must be based on actual, not an average, number of days. Include the State’s criteria for “timely” receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).

**Measurement**

Percent = [(# of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner) divided by the (total # of infants and toddlers with IFSPs)] times 100.

Account for untimely receipt of services, including the reasons for delays.

**Instructions**

If data are from State monitoring, describe the method used to select early intervention service (EIS) programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State’s monitoring, describe the procedures used to collect these data. States report in both the numerator and denominator under Indicator 1 on the number of children for whom the State ensured the timely initiation of new services identified on the IFSP. Include the timely initiation of new early intervention services from both initial IFSPs and subsequent IFSPs. Provide actual numbers used in the calculation.

The State’s timeliness measure for this indicator must be either: (1) a time period that runs from when the parent consents to IFSP services; or (2) the IFSP initiation date (established by the IFSP Team, including the parent).

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in the Office of Special Education Programs’ (OSEP’s) response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 1 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 99.40% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 98.20% | 100.00% | 99.39% | 99.44% | 100.00% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who receive the early intervention services on their IFSPs in a timely manner** | **Total number of infants and toddlers with IFSPs** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 163 | 168 | 100.00% | 100% | 100.00% | Met target | No Slippage |

**Number of documented delays attributable to exceptional family circumstances**

***This number will be added to the "Number of infants and toddlers with IFSPs who receive their early intervention services on their IFSPs in a timely manner" field above to calculate the numerator for this indicator.***

5

**Provide reasons for delay, if applicable.**

The documented delays were attributed to weather, illness of the child or family member, and family cancellations.

**Include your State’s criteria for “timely” receipt of early intervention services (i.e., the time period from parent consent to when IFSP services are actually initiated).**

State's criteria for “timely” receipt of early intervention services is within thirty (30) actual number of days from signed parent consent date compared to IFSP service delivery date.

**What is the source of the data provided for this indicator?**

State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

Full reporting period which is July 1, 2020 through June 30, 2021

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

The program conducts a data review based on a representative sample of child files for the full reporting period of July 1, 2020, through June 30, 2021. The representative sample equates to 14.72% of all child files and includes all EIS Programs. These files are picked at random for review for the thirty-day timeline provision. The total number of children with an IFSP for this reporting period was 1141. The representative sample for this reporting period equates to 168 child files. All 168 child files were reviewed for timely receipt of early intervention services. All files contained timely provision for services during this review.

**Provide additional information about this indicator (optional)**

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 0 |  |  | 0 |

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 1 - Prior FFY Required Actions

None

## 1 - OSEP Response

## 1 - Required Actions

# Indicator 2: Services in Natural Environments

**Instructions and Measurement**

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Results indicator:** Percent of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings. (20 U.S.C. 1416(a)(3)(A) and 1442)

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED*Facts* Metadata and Process System (E*MAPS*)).

**Measurement**

Percent = [(# of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings) divided by the (total # of infants and toddlers with IFSPs)] times 100.

**Instructions**

Sampling from the State’s 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

The data reported in this indicator should be consistent with the State’s 618 data reported in Table 2. If not, explain.

## 2 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2020 | 88.34% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target>= | 95.50% | 95.50% | 95.50% | 96.00% | 96.00% |
| Data | 95.54% | 98.23% | 95.77% | 92.09% | 92.94% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 88.34% | 88.34% | 89.17% | 90.01% | 91.67% | 95.00% |

**Targets: Description of Stakeholder Input**

WDH, EIEP works closely with the state's Early Intervention Council (ICC) and other various stakeholders. The ICC consists of parents, University of Wyoming staff, EIS Program directors, a state legislator, a state Medicaid staff physician, a member of a local school district, and members from the state's Department of Health, Department of Family Services, and Department of Education.

The ICC was tasked with providing input on Wyoming's targets for the SPP/APR. The ICC met with WDH, EIEP in July and August 2021 to review and determine targets and voted to maintain targets. The ICC and various stakeholders which included early intervention providers conducted a variety of extensive activities towards the development and implementation of the State's Systemic Improvement Plan (SSIP). These stakeholders take an active and ongoing role in reviewing the SSIP data and implementation, which includes all the strategies currently being utilized, to ensure ongoing improvement.

In the stakeholder meetings for a given indicator, stakeholders reviewed the historical data and the projections for where the State would be in 2025-26 if all things stayed the same. Stakeholders were provided with an overview of the advantages and disadvantages of predictive models as well as an overview of the mindset for target-setting. Stakeholders were told that they would be selecting the end target (2025-26) for a given indicator. The State would then calculate intervening targets between FFY2020 and FFY2025 whereby there would be no increase in the target the first year, then small increments, and then the largest increment from 2024-25 to 2025-26. The purpose of using small increments at the beginning and large increments at the end is to allow enough time for district and school staff members to implement new initiatives and to change practices so that they have an opportunity to realistically meet the intervening targets along their way to the rigorous end target. After this overview in the initial stakeholder meetings, the stakeholders then determined a challenging and achievable target for the 2025-26 school year. The State then calculated intervening targets and shared these intervening targets with the same as well as additional stakeholders to get final approval for all the targets.

During target setting meetings, reports were given on progress towards the indicators. As part of the target setting process for the 2/1/2022 submission, we hosted two ICC meetings where data was presented for analysis and discussion. The data for each indicator was analyzed and members had an opportunity to reflect on the data and ask questions. Part of that discussion was barriers to improving outcomes and suggestions for improvement strategies. All responses were recorded and taken into account by state staff as part of the target setting process.

Quarterly ICC meetings are open to the public. Notices of the meetings are posted in local newspapers at least twice prior to each meeting, as well as on the public website. Local providers are invited and encouraged to attend on-site meetings, and to bring any parent members who might be interested as well. During the ICC meetings, WDH, EIEP received input on the targets for all indicators after the data was presented for analysis. Improvement strategies and evaluating progress was included in these discussions. In addition, WDH, EIEP provided online surveys for target setting to regional programs, encouraging them to seek input from providers and parents across the state. An online survey was created for each of the indicators; each survey asked respondents to provide input on the end target and the intervening targets. Two-hundred-twenty-eight people from various communities across the state completed the online surveys; of these 228, 29 were parents. Of the survey respondents, between 73-97% agreed with the proposed targets set for FFY2020 through FFY2025. Thus, WDH,EIEP is confident in the targets that were chosen.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings | 1,008 |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Total number of infants and toddlers with IFSPs | 1,141 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers with IFSPs who primarily receive early intervention services in the home or community-based settings** | **Total number of Infants and toddlers with IFSPs** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,008 | 1,141 | 92.94% | 88.34% | 88.34% | N/A | N/A |

**Provide additional information about this indicator (optional).**

Stakeholders reviewed the data from the past six years in order to decide on targets for FFY2020 and beyond. EI providers overall saw a decrease in services being delivered in the home at the beginning of the pandemic which continued into FFY2020. Due to health and safety concerns, some families opted to receive services in the center rather than the home.
As such, FFY2020 was determined to be the best baseline going forward.

## 2 - Prior FFY Required Actions

None

## 2 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2020, and OSEP accepts that revision.

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 2 - Required Actions

# Indicator 3: Early Childhood Outcomes

**Instructions and Measurement**

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Results indicator:** Percent of infants and toddlers with IFSPs who demonstrate improved:

A. Positive social-emotional skills (including social relationships);

B. Acquisition and use of knowledge and skills (including early language/ communication); and

C. Use of appropriate behaviors to meet their needs.

(20 U.S.C. 1416(a)(3)(A) and 1442)

**Data Source**

State selected data source.

**Measurement**

Outcomes:

 A. Positive social-emotional skills (including social relationships);

 B. Acquisition and use of knowledge and skills (including early language/communication); and

 C. Use of appropriate behaviors to meet their needs.

Progress categories for A, B and C:

a. Percent of infants and toddlers who did not improve functioning = [(# of infants and toddlers who did not improve functioning) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

b. Percent of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers = [(# of infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

c. Percent of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it = [(# of infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

d. Percent of infants and toddlers who improved functioning to reach a level comparable to same-aged peers = [(# of infants and toddlers who improved functioning to reach a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

e. Percent of infants and toddlers who maintained functioning at a level comparable to same-aged peers = [(# of infants and toddlers who maintained functioning at a level comparable to same-aged peers) divided by (# of infants and toddlers with IFSPs assessed)] times 100.

**Summary Statements for Each of the Three Outcomes:**

**Summary Statement 1:** Of those infants and toddlers who entered early intervention below age expectations in each Outcome, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program.

**Measurement for Summary Statement 1:**

Percent = [(# of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in category (d)) divided by (# of infants and toddlers reported in progress category (a) plus # of infants and toddlers reported in progress category (b) plus # of infants and toddlers reported in progress category (c) plus # of infants and toddlers reported in progress category (d))] times 100.

**Summary Statement 2:** The percent of infants and toddlers who were functioning within age expectations in each Outcome by the time they turned 3 years of age or exited the program.

**Measurement for Summary Statement 2:**

Percent = [(# of infants and toddlers reported in progress category (d) plus # of infants and toddlers reported in progress category (e)) divided by the (total # of infants and toddlers reported in progress categories (a) + (b) + (c) + (d) + (e))] times 100.

**Instructions**

*Sampling of****infants and toddlers with IFSPs****is allowed. When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See General Instructions page 2 for additional instructions on sampling.)*

In the measurement, include in the numerator and denominator only infants and toddlers with IFSPs who received early intervention services for at least six months before exiting the Part C program.

Report: (1) the number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State’s Part C exiting data under Section 618 of the IDEA; and (2) the number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program.

Describe the results of the calculations and compare the results to the targets. States will use the progress categories for each of the three Outcomes to calculate and report the two Summary Statements.

Report progress data and calculate Summary Statements to compare against the six targets. Provide the actual numbers and percentages for the five reporting categories for each of the three outcomes.

In presenting results, provide the criteria for defining “comparable to same-aged peers.” If a State is using the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Process (COS), then the criteria for defining “comparable to same-aged peers” has been defined as a child who has been assigned a score of 6 or 7 on the COS.

In addition, list the instruments and procedures used to gather data for this indicator, including if the State is using the ECO COS.

If the State’s Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or “at-risk infants and toddlers”) under IDEA section 632(5)(B)(i), the State must report data in two ways. First, it must report on all eligible children but exclude its at-risk infants and toddlers (i.e., include just those infants and toddlers experiencing developmental delay (or “developmentally delayed children”) or having a diagnosed physical or mental condition that has a high probability of resulting in developmental delay (or “children with diagnosed conditions”)). Second, the State must separately report outcome data on either: (1) just its at-risk infants and toddlers; or (2) aggregated performance data on all of the infants and toddlers it serves under Part C (including developmentally delayed children, children with diagnosed conditions, and at-risk infants and toddlers).

## 3 - Indicator Data

**Does your State's Part C eligibility criteria include infants and toddlers who are at risk of having substantial developmental delays (or “at-risk infants and toddlers”) under IDEA section 632(5)(B)(i)? (yes/no)**

NO

**Targets: Description of Stakeholder Input**

WDH, EIEP works closely with the state's Early Intervention Council (ICC) and other various stakeholders. The ICC consists of parents, University of Wyoming staff, EIS Program directors, a state legislator, a state Medicaid staff physician, a member of a local school district, and members from the state's Department of Health, Department of Family Services, and Department of Education.

The ICC was tasked with providing input on Wyoming's targets for the SPP/APR. The ICC met with WDH, EIEP in July and August 2021 to review and determine targets and voted to maintain targets. The ICC and various stakeholders which included early intervention providers conducted a variety of extensive activities towards the development and implementation of the State's Systemic Improvement Plan (SSIP). These stakeholders take an active and ongoing role in reviewing the SSIP data and implementation, which includes all the strategies currently being utilized, to ensure ongoing improvement.

In the stakeholder meetings for a given indicator, stakeholders reviewed the historical data and the projections for where the State would be in 2025-26 if all things stayed the same. Stakeholders were provided with an overview of the advantages and disadvantages of predictive models as well as an overview of the mindset for target-setting. Stakeholders were told that they would be selecting the end target (2025-26) for a given indicator. The State would then calculate intervening targets between FFY2020 and FFY2025 whereby there would be no increase in the target the first year, then small increments, and then the largest increment from 2024-25 to 2025-26. The purpose of using small increments at the beginning and large increments at the end is to allow enough time for district and school staff members to implement new initiatives and to change practices so that they have an opportunity to realistically meet the intervening targets along their way to the rigorous end target. After this overview in the initial stakeholder meetings, the stakeholders then determined a challenging and achievable target for the 2025-26 school year. The State then calculated intervening targets and shared these intervening targets with the same as well as additional stakeholders to get final approval for all the targets.

During target setting meetings, reports were given on progress towards the indicators. As part of the target setting process for the 2/1/2022 submission, we hosted two ICC meetings where data was presented for analysis and discussion. The data for each indicator was analyzed and members had an opportunity to reflect on the data and ask questions. Part of that discussion was barriers to improving outcomes and suggestions for improvement strategies. All responses were recorded and taken into account by state staff as part of the target setting process.

Quarterly ICC meetings are open to the public. Notices of the meetings are posted in local newspapers at least twice prior to each meeting, as well as on the public website. Local providers are invited and encouraged to attend on-site meetings, and to bring any parent members who might be interested as well. During the ICC meetings, WDH, EIEP received input on the targets for all indicators after the data was presented for analysis. Improvement strategies and evaluating progress was included in these discussions. In addition, WDH, EIEP provided online surveys for target setting to regional programs, encouraging them to seek input from providers and parents across the state. An online survey was created for each of the indicators; each survey asked respondents to provide input on the end target and the intervening targets. Two-hundred-twenty-eight people from various communities across the state completed the online surveys; of these 228, 29 were parents. Of the survey respondents, between 73-97% agreed with the proposed targets set for FFY2020 through FFY2025. Thus, WDH,EIEP is confident in the targets that were chosen.

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Outcome** | **Baseline** | **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| **A1** | 2020 | Target>= | 43.55% | 44.05% | 44.55% | 45.05% | 45.05% |
| **A1** | 56.03% | Data | 86.42% | 83.73% | 80.68% | 71.23% | 30.43% |
| **A2** | 2020 | Target>= | 51.48% | 52.48% | 52.98% | 52.98% | 52.98% |
| **A2** | 76.00% | Data | 48.36% | 55.96% | 65.22% | 76.61% | 66.53% |
| **B1** | 2020 | Target>= | 48.17% | 48.67% | 49.17% | 49.17% | 49.17% |
| **B1** | 71.06% | Data | 83.75% | 78.45% | 72.59% | 58.97% | 38.04% |
| **B2** | 2020 | Target>= | 54.00% | 54.50% | 55.00% | 55.00% | 55.00% |
| **B2** | 60.00% | Data | 50.48% | 50.37% | 54.06% | 55.18% | 45.82% |
| **C1** | 2020 | Target>= | 55.34% | 55.83% | 56.34% | 56.34% | 56.34% |
| **C1** | 90.49% | Data | 86.75% | 85.17% | 85.34% | 82.37% | 48.36% |
| **C2** | 2020 | Target>= | 55.16% | 55.66% | 56.16% | 56.16% | 56.16% |
| **C2** | 77.88% | Data | 51.84% | 58.91% | 69.71% | 82.32% | 72.11% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A1>= | 56.03% | 56.03% | 56.40% | 56.77% | 57.52% | 59.00% |
| Target A2>= | 76.00% | 76.00% | 76.44% | 76.88% | 77.75% | 79.50% |
| Target B1>= | 71.06% | 71.06% | 71.43% | 71.80% | 72.53% | 74.00% |
| Target B2>= | 60.00% | 60.00% | 60.19% | 60.38% | 60.75% | 61.50% |
| Target C1>= | 90.49% | 90.49% | 90.51% | 90.54% | 90.58% | 90.67% |
| Target C2>= | 77.88% | 77.88% | 78.08% | 78.29% | 78.69% | 79.50% |

 **FFY 2020 SPP/APR Data**

**Number of infants and toddlers with IFSPs assessed**

425

**Outcome A: Positive social-emotional skills (including social relationships)**

| **Outcome A Progress Category** | **Number of children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 0 | 0.00% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 62 | 14.59% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 40 | 9.41% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 39 | 9.18% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 284 | 66.82% |

| **Outcome A** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| A1. Of those children who entered or exited the program below age expectations in Outcome A, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 79 | 141 | 30.43% | 56.03% | 56.03% | N/A | N/A |
| A2. The percent of infants and toddlers who were functioning within age expectations in Outcome A by the time they turned 3 years of age or exited the program | 323 | 425 | 66.53% | 76.00% | 76.00% | N/A | N/A |

**Outcome B: Acquisition and use of knowledge and skills (including early language/communication)**

| **Outcome B Progress Category** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 0 | 0.00% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 79 | 18.59% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 91 | 21.41% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 103 | 24.24% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 152 | 35.76% |

| **Outcome B** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| B1. Of those children who entered or exited the program below age expectations in Outcome B, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 194 | 273 | 38.04% | 71.06% | 71.06% | N/A | N/A |
| B2. The percent of infants and toddlers who were functioning within age expectations in Outcome B by the time they turned 3 years of age or exited the program | 255 | 425 | 45.82% | 60.00% | 60.00% | N/A | N/A |

**Outcome C: Use of appropriate behaviors to meet their needs**

| **Outcome C Progress Category** | **Number of Children** | **Percentage of Total** |
| --- | --- | --- |
| a. Infants and toddlers who did not improve functioning | 0 | 0.00% |
| b. Infants and toddlers who improved functioning but not sufficient to move nearer to functioning comparable to same-aged peers | 25 | 5.88% |
| c. Infants and toddlers who improved functioning to a level nearer to same-aged peers but did not reach it | 69 | 16.24% |
| d. Infants and toddlers who improved functioning to reach a level comparable to same-aged peers | 169 | 39.76% |
| e. Infants and toddlers who maintained functioning at a level comparable to same-aged peers | 162 | 38.12% |

| **Outcome C** | **Numerator** | **Denominator** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C1. Of those children who entered or exited the program below age expectations in Outcome C, the percent who substantially increased their rate of growth by the time they turned 3 years of age or exited the program | 238 | 263 | 48.36% | 90.49% | 90.49% | N/A | N/A |
| C2. The percent of infants and toddlers who were functioning within age expectations in Outcome C by the time they turned 3 years of age or exited the program | 331 | 425 | 72.11% | 77.88% | 77.88% | N/A | N/A |

**The number of infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program**.

| **Question** | **Number** |
| --- | --- |
| The number of infants and toddlers who exited the Part C program during the reporting period, as reported in the State’s Part C exiting 618 data | 761 |
| The number of those infants and toddlers who did not receive early intervention services for at least six months before exiting the Part C program. | 293 |

| **Sampling Question** | **Yes / No** |
| --- | --- |
| Was sampling used?  | NO |

**Did you use the Early Childhood Outcomes Center (ECO) Child Outcomes Summary Form (COS) process? (yes/no)**

NO

**Provide the criteria for defining “comparable to same-aged peers.”**

"Comparable to same-aged peers" is defined as a z-score on the Battelle Developmental Inventory-Second Edition (BDI-II ) of -1.30 or higher.

**List the instruments and procedures used to gather data for this indicator.**

In FFY 2016-17 the state began implementing a new process for reporting performance for this indicator by using the Battelle Developmental Inventory-Second Edition (BDI-II ). WDH, EIEP implemented this change over the course of three (3) reporting years with specific EIS Programs changing to the new reporting process each of the three (3) years. The change to the new process was fully implemented for all newly enrolled infants/toddlers as of June 30, 2019, with all EIS Programs using the BDI-II for both entry and exiting child outcome reporting on skill levels in all five domains.

In 2018-19, all EIS Programs had transitioned to this new process for gathering data on the three outcomes areas. The scoring process for the BDI-II entails converting the z-score on a given domain area to the 7-point Child Outcome Rating scale. Exit scores on the 7-point rating scale are then compared to entry scores on the 7-point rating scale to determine which of the five OSEP progress categories (a, b, c, d, or e) in which a given student falls, using the same calculation method as that used for the ECO Child Outcomes Summary process. In addition, in 2020-21, the EIEP also (in addition to changes in z-scores) used the Battelle's Change Sensitive Scores (CSS) to measure growth whereas a child who made at least a 20 point gain in CSS (which corresponds to significant growth based on the 90% confidence intervals) from entry to exit was said to have made growth.

Note that there are still some children who, upon entry, used the previous process of the ECO COS for gathering data on the three outcomes areas. Under the previous process, the EIS Programs could use approved tools other than BDI-II. The purpose of the new process is to standardize the process for collecting information and to ensure the data are reliable and valid. The 2020-21 year represented the first year in which almost all exiting children had an entry that was based on the BDI-II process; all had an exit score that is based on the BDI-II process.

**Provide additional information about this indicator (optional).**

COVID Health Restrictions impacted Indicator 3. Only about 56% of the children who should have received exit scores did in fact receive exit scores due to various local closures throughout the state of Wyoming during the 2020-21 school year which impacted the EIS Programs. In addition, families were not allowing EIS Programs to come to their homes due to COVID. This prevented many of the EIS Programs from administering the BDI-II to exiting children. In addition, parent preference for not receiving additional assessments was documented across the state, as families were hesitant to have close contact, even in areas that did not experience closures.

WDH, EIEP is continually evaluating the child outcomes process and has implemented internal measures to monitor progress throughout the year, in order to identify reasons and barriers to the process not being completed and to work with local programs to mitigate these barriers. WDH, EIEP is moving towards transitioning to the BDI-3, which will allow evaluations to be completed virtually in the future, if necessary.

The WDH, EIEP and its stakeholders selected the FFY2020 as the baseline year as this represented the first year in which almost all exiting children had an entry that was based on the BDI-II process; all had an exit score that is based on the BDI-II process. As such, FFY2020 was determined to be the best baseline going forward.

## 3 - Prior FFY Required Actions

None

## 3 - OSEP Response

The State has revised the baseline for this indicator, using data from FFY 2020, and OSEP accepts that revision.

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

The State provided an explanation of how COVID-19 impacted its ability to collect FFY 2020 data for this indicator and steps the State has taken to mitigate the impact of COVID-19 on data collection.

## 3 - Required Actions

# Indicator 4: Family Involvement

**Instructions and Measurement**

**Monitoring Priority:** Early Intervention Services In Natural Environments

**Results indicator:** Percent of families participating in Part C who report that early intervention services have helped the family:

A. Know their rights;

B. Effectively communicate their children's needs; and

C. Help their children develop and learn.

(20 U.S.C. 1416(a)(3)(A) and 1442)

**Data Source**

State selected data source. State must describe the data source in the SPP/APR.

**Measurement**

A. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family know their rights) divided by the (# of respondent families participating in Part C)] times 100.

B. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children’s needs) divided by the (# of respondent families participating in Part C)] times 100.

C. Percent = [(# of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn) divided by the (# of respondent families participating in Part C)] times 100.

**Instructions**

*Sampling of****families participating in Part C****is allowed.* *When sampling is used, submit a description of the sampling methodology outlining how the design will yield valid and reliable estimates. (See General Instructions page 2 for additional instructions on sampling.)*

Provide the actual numbers used in the calculation.

Describe the results of the calculations and compare the results to the target.

While a survey is not required for this indicator, a State using a survey must submit a copy of any new or revised survey with its SPP/APR.

Report the number of families to whom the surveys were distributed and the number of respondent families participating in Part C. The survey response rate is auto calculated using the submitted data.

States will be required to compare the current year’s response rate to the previous year(s) response rate(s), and describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.

The State must also analyze the response rate to identify potential nonresponse bias and take steps to reduce any identified bias and promote response from a broad cross section of families that received Part C services.

Include the State’s analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers receiving services in the Part C program. States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.

States must describe the metric used to determine representativeness (e.g., +/- 3% discrepancy in the proportion of responders compared to target group)

If the analysis shows that the demographics of the infants or toddlers for whom families responded are not representative of the demographics of infants and toddlers receiving services in the Part C program, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics. In identifying such strategies, the State should consider factors such as how the State distributed the survey to families (e.g., by mail, by e-mail, on-line, by telephone, in-person), if a survey was used, and how responses were collected.

Beginning with the FFY 2022 SPP/APR, due February 1, 2024, when reporting the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program, States must include race and ethnicity in its analysis. In addition, the State’s analysis must also include at least one of the following demographics: socioeconomic status, parents or guardians whose primary language is other than English and who have limited English proficiency, maternal education, geographic location, and/or another demographic category approved through the stakeholder input process.

States are encouraged to work in collaboration with their OSEP-funded parent centers in collecting data.

## 4 - Indicator Data

**Historical Data**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Measure** | **Baseline**  | **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| A | 2014 | Target>= | 96.26% | 96.46% | 96.56% | 97.26% | 97.26% |
| A | 93.54% | Data | 97.76% | 98.20% | 98.02% | 97.83% | 98.14% |
| B | 2014 | Target>= | 95.42% | 95.42% | 95.62% | 96.42% | 96.42% |
| B | 93.33% | Data | 97.25% | 98.03% | 98.51% | 96.82% | 97.53% |
| C | 2014 | Target>= | 95.42% | 95.42% | 95.62% | 96.42% | 96.42% |
| C | 92.53% | Data | 98.28% | 98.03% | 98.27% | 98.16% | 98.14% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target A>= | 93.55% | 93.55% | 93.73% | 93.91% | 94.28% | 95.00% |
| Target B>= | 93.35% | 93.35% | 93.43% | 93.51% | 93.68% | 94.00% |
| Target C>= | 92.55% | 92.55% | 92.86% | 93.16% | 93.78% | 95.00% |

**Targets: Description of Stakeholder Input**

WDH, EIEP works closely with the state's Early Intervention Council (ICC) and other various stakeholders. The ICC consists of parents, University of Wyoming staff, EIS Program directors, a state legislator, a state Medicaid staff physician, a member of a local school district, and members from the state's Department of Health, Department of Family Services, and Department of Education.

The ICC was tasked with providing input on Wyoming's targets for the SPP/APR. The ICC met with WDH, EIEP in July and August 2021 to review and determine targets and voted to maintain targets. The ICC and various stakeholders which included early intervention providers conducted a variety of extensive activities towards the development and implementation of the State's Systemic Improvement Plan (SSIP). These stakeholders take an active and ongoing role in reviewing the SSIP data and implementation, which includes all the strategies currently being utilized, to ensure ongoing improvement.

In the stakeholder meetings for a given indicator, stakeholders reviewed the historical data and the projections for where the State would be in 2025-26 if all things stayed the same. Stakeholders were provided with an overview of the advantages and disadvantages of predictive models as well as an overview of the mindset for target-setting. Stakeholders were told that they would be selecting the end target (2025-26) for a given indicator. The State would then calculate intervening targets between FFY2020 and FFY2025 whereby there would be no increase in the target the first year, then small increments, and then the largest increment from 2024-25 to 2025-26. The purpose of using small increments at the beginning and large increments at the end is to allow enough time for district and school staff members to implement new initiatives and to change practices so that they have an opportunity to realistically meet the intervening targets along their way to the rigorous end target. After this overview in the initial stakeholder meetings, the stakeholders then determined a challenging and achievable target for the 2025-26 school year. The State then calculated intervening targets and shared these intervening targets with the same as well as additional stakeholders to get final approval for all the targets.

During target setting meetings, reports were given on progress towards the indicators. As part of the target setting process for the 2/1/2022 submission, we hosted two ICC meetings where data was presented for analysis and discussion. The data for each indicator was analyzed and members had an opportunity to reflect on the data and ask questions. Part of that discussion was barriers to improving outcomes and suggestions for improvement strategies. All responses were recorded and taken into account by state staff as part of the target setting process.

Quarterly ICC meetings are open to the public. Notices of the meetings are posted in local newspapers at least twice prior to each meeting, as well as on the public website. Local providers are invited and encouraged to attend on-site meetings, and to bring any parent members who might be interested as well. During the ICC meetings, WDH, EIEP received input on the targets for all indicators after the data was presented for analysis. Improvement strategies and evaluating progress was included in these discussions. In addition, WDH, EIEP provided online surveys for target setting to regional programs, encouraging them to seek input from providers and parents across the state. An online survey was created for each of the indicators; each survey asked respondents to provide input on the end target and the intervening targets. Two-hundred-twenty-eight people from various communities across the state completed the online surveys; of these 228, 29 were parents. Of the survey respondents, between 73-97% agreed with the proposed targets set for FFY2020 through FFY2025. Thus, WDH,EIEP is confident in the targets that were chosen.

For this indicator, the local ICC recommended that the council review and provide input on changes to the survey to make it more parent-friendly, with input from local providers and families for the next survey in the FFY 2021 fiscal year.

**FFY 2020 SPP/APR Data**

|  |  |
| --- | --- |
| The number of families to whom surveys were distributed | 1,141 |
| Number of respondent families participating in Part C  | 579 |
| Survey Response Rate | 50.74% |
| A1. Number of respondent families participating in Part C who report that early intervention services have helped the family know their rights | 559 |
| A2. Number of responses to the question of whether early intervention services have helped the family know their rights | 579 |
| B1. Number of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs | 555 |
| B2. Number of responses to the question of whether early intervention services have helped the family effectively communicate their children's needs | 579 |
| C1. Number of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn | 557 |
| C2. Number of responses to the question of whether early intervention services have helped the family help their children develop and learn | 579 |

| **Measure** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- |
| A. Percent of families participating in Part C who report that early intervention services have helped the family know their rights (A1 divided by A2) | 98.14% | 93.55% | 96.55% | Met target | No Slippage |
| B. Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs (B1 divided by B2) | 97.53% | 93.35% | 95.85% | Met target | No Slippage |
| C. Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn (C1 divided by C2) | 98.14% | 92.55% | 96.20% | Met target | No Slippage |

| **Sampling Question** | **Yes / No** |
| --- | --- |
| Was sampling used?  | NO |

| **Question** | **Yes / No** |
| --- | --- |
| Was a collection tool used? | YES |
| If yes, is it a new or revised collection tool?  | NO |
| The demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program. | NO |

**If not, describe the strategies that the State will use to ensure that in the future the response data are representative of those demographics.**

We are taking these steps to encourage more families of typically underrepresented groups as well as those groups who typically are not underrepresented to respond. Note that this year for the first time, parents of white children were underrepresented in the response rate. This is at least partly due to the fact that our efforts to increase the response rate of parents of Hispanic children have been very successful. We will continue to engage in these efforts to encourage parents of Native American children to respond, as well as parents of all other race/ethnicities. The EIEP has visited with staff in areas of the state where certain racial and ethnic groups were underrepresented, and encouraged the completion of the survey. We have also provided printed copies for regional staff to distribute to parents. We are also encouraging staff to text the survey link as well as to ask families to complete the survey during the meeting. Providers will be encouraged to read the survey to families who are nonreaders to ensure they have a way to complete the survey. The number of responses will be monitored regularly while the survey is open so that areas that do not have many responses can be encouraged to use the strategies provided to increase the number of responses. The survey is provided in English and Spanish. These activities should increase the response rate for all regions and for families of all race/ethnicities.

**Survey Response Rate**

|  |  |  |
| --- | --- | --- |
| **FFY** | **2019** | **2020** |
| Survey Response Rate | 24.47% | 50.74% |

**Describe strategies that will be implemented which are expected to increase the response rate year over year, particularly for those groups that are underrepresented.**

In addition to strategies stated above to ensure response data are representative of those demographics, EIEP will follow up after the completion of the survey with providers to find out what went well and what barriers existed to gaining more responses, especially in groups that were underrepresented. Regional providers will also be given the opprotunity to share successful strategies in monthly calls.

Note that the FFY2019 response rate is listed as 24.47%. It should be 41%. The incorrect child count number was entered into the FFY2019 APR.

**Describe the analysis of the response rate including any nonresponse bias that was identified, and the steps taken to reduce any identified bias and promote response from a broad cross section of families that received Part C services.**

Nonresponse bias occurs when nonrespondents are different in some systematic way from respondents. This is a concern when nonrespondents are different from respondents on the key variables the survey was designed to study; in other words if respondents and nonrespondents differ in their opinions related to early intervention services in meaningful ways, such as the positivity of responses, then nonresponse bias is present. A few things can be examined to determine nonresponse bias. One is the overall response rate. The higher the response rate, the less likely nonresponse bias will occur. The FFY2020 response rate is 51%, which is high.

Second, the representativeness of the responses can be examined. We describe this in the previous question where we state: The actual responses of parents showed no differences in the family involvement rates by race/ethnicity. This suggests that families of different race/ethnicities have similar opinions surrounding early interventions services. Further, families from all regions across the state responded similarly to the survey. This suggests there is no nonresponse bias.

Third, we can compare the responses of families who responded early in the process to those who responded later in the process. The idea being that perhaps those who do not immediately respond are different in some meaningful way than those who respond immediately. These results showed no statistically significant differences between families who responded earlier and families who responded later. Therefore, we conclude that nonresponse bias is not present.

Note that an ideal way to measure nonresponse bias is immediately after the data collection ends, to select a representative sample of families (50-100) who did not respond to the survey. Two follow-ups could be conducted with this sample of nonrespondents. First, an email with a link to the online survey could be sent. Second, the WDH, EIEP could conduct interviews with this follow-up group to collect their attitudes surrounding early intervention services. Their responses could then be compared to the responses of families who initially responded to the survey. Of course, the methodology (interview vs online survey) could impact the results, and this would need to be taken into account. If the ICC is concerned about nonresponse bias, this is something we will consider in future years.

**Include the State’s analysis of the extent to which the demographics of the infants or toddlers for whom families responded are representative of the demographics of infants and toddlers enrolled in the Part C program.** **States should consider categories such as race/ethnicity, age of infant or toddler, and geographic location in the State.**

The State used statistical significance testing to determine if one group was over- or under-represented based on the response rate. Results were representative by age. Significant differences were found in response rates by race/ethnicity. Families of Hispanic students were more likely to respond (59%) than families of White students (49%) and families of American Indian students (16%). To give an example of how the response rate analysis is a reflection of an analysis where the population demographics are compared to the respondent demographics, in the Wyoming Part C population, 16% of children in Part C are Hispanic, 75% are white, and 3% are American Indian. In the respondents, 20% of the families who responded have a child who is Hispanic, 73% have a child who is white, and 1% have a child who is American Indian. As can be seen, the response rate analysis and the "demographic proportion" analysis lead to the same conclusion, i.e., the WDH, EIEP need to encourage a higher percentage of families of children who are white and who are American Indian to respond to the survey. The WDH, EIEP need to continue to encourage a high percentage of families of children who are Hispanic to also respond. The Hispanic response rate has not always been high, so the WDH, EIEP is very encouraged by this.

Although there were a few significant differences in response rates between groups of families by race/ethnicity (as specified in the previous paragraph), there were no significant differences in the family involvement percentages for the three family measurements between these groups of families; e.g., there were no significant differences in the family measurement rates between families of Hispanic students and families of White students. Regardless of the race/ethnicity of their child, families who responded to the survey had similar attitudes toward early interventions services. Additionally, families from a wide range of regions from across the state responded to the survey. Thus, the state is confident that the results are representative of all racial/ethnic groups and all age groups.

**Describe the metric used to determine representativeness (e.g., +/- 3% discrepancy, age of the infant or toddler, and geographic location in the proportion of responders compared to target group).**

Statistical significance testing in the differences in response rates by race/ethnicity and age was used to determine representativeness with a threshold of p<0.05.

**Provide additional information about this indicator (optional).**

## 4 - Prior FFY Required Actions

In the FFY 2020 SPP/APR, the State must report whether its FFY 2020 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program , and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

**Response to actions required in FFY 2019 SPP/APR**

OSEP stated: "In the FFY 2020 SPP/APR, the State must report whether its FFY 2020 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program , and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population."

Please see the previous section where we indicate that our results our representative.

## 4 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

The State reported that due to the incorrect child count number being entered into the SPP/APR reporting tool the FFY 2019 response rate is inaccurate. The State reported that the correct FFY 2019 response rate is 41%.

## 4 - Required Actions

In the FFY 2021 SPP/APR, the State must report whether its FFY 2021 response data are representative of the demographics of infants, toddlers, and families enrolled in the Part C program , and, if not, the actions the State is taking to address this issue. The State must also include its analysis of the extent to which the demographics of the families responding are representative of the population.

# Indicator 5: Child Find (Birth to One)

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Child Find

**Results indicator:** Percent of infants and toddlers birth to 1 with IFSPs.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the E*DFacts* Metadata and Process System (E*MAPS*)) and Census (for the denominator).

**Measurement**

Percent = [(# of infants and toddlers birth to 1 with IFSPs) divided by the (population of infants and toddlers birth to 1)] times 100.

**Instructions**

*Sampling from the State’s 618 data is not allowed.*

Describe the results of the calculations.The data reported in this indicator should be consistent with the State’s reported 618 data reported in Table 1. If not, explain why.

## 5 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 1.91% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target >= | 1.91% | 2.00% | 2.01% | 2.04% | 2.04% |
| Data | 2.79% | 3.09% | 2.57% | 3.00% | 2.86% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 1.92% | 1.92% | 1.93% | 1.94% | 1.96% | 2.00% |

Targets: Description of Stakeholder Input

WDH, EIEP works closely with the state's Early Intervention Council (ICC) and other various stakeholders. The ICC consists of parents, University of Wyoming staff, EIS Program directors, a state legislator, a state Medicaid staff physician, a member of a local school district, and members from the state's Department of Health, Department of Family Services, and Department of Education.

The ICC was tasked with providing input on Wyoming's targets for the SPP/APR. The ICC met with WDH, EIEP in July and August 2021 to review and determine targets and voted to maintain targets. The ICC and various stakeholders which included early intervention providers conducted a variety of extensive activities towards the development and implementation of the State's Systemic Improvement Plan (SSIP). These stakeholders take an active and ongoing role in reviewing the SSIP data and implementation, which includes all the strategies currently being utilized, to ensure ongoing improvement.

In the stakeholder meetings for a given indicator, stakeholders reviewed the historical data and the projections for where the State would be in 2025-26 if all things stayed the same. Stakeholders were provided with an overview of the advantages and disadvantages of predictive models as well as an overview of the mindset for target-setting. Stakeholders were told that they would be selecting the end target (2025-26) for a given indicator. The State would then calculate intervening targets between FFY2020 and FFY2025 whereby there would be no increase in the target the first year, then small increments, and then the largest increment from 2024-25 to 2025-26. The purpose of using small increments at the beginning and large increments at the end is to allow enough time for district and school staff members to implement new initiatives and to change practices so that they have an opportunity to realistically meet the intervening targets along their way to the rigorous end target. After this overview in the initial stakeholder meetings, the stakeholders then determined a challenging and achievable target for the 2025-26 school year. The State then calculated intervening targets and shared these intervening targets with the same as well as additional stakeholders to get final approval for all the targets.

During target setting meetings, reports were given on progress towards the indicators. As part of the target setting process for the 2/1/2022 submission, we hosted two ICC meetings where data was presented for analysis and discussion. The data for each indicator was analyzed and members had an opportunity to reflect on the data and ask questions. Part of that discussion was barriers to improving outcomes and suggestions for improvement strategies. All responses were recorded and taken into account by state staff as part of the target setting process.

Quarterly ICC meetings are open to the public. Notices of the meetings are posted in local newspapers at least twice prior to each meeting, as well as on the public website. Local providers are invited and encouraged to attend on-site meetings, and to bring any parent members who might be interested as well. During the ICC meetings, WDH, EIEP received input on the targets for all indicators after the data was presented for analysis. Improvement strategies and evaluating progress was included in these discussions. In addition, WDH, EIEP provided online surveys for target setting to regional programs, encouraging them to seek input from providers and parents across the state. An online survey was created for each of the indicators; each survey asked respondents to provide input on the end target and the intervening targets. Two-hundred-twenty-eight people from various communities across the state completed the online surveys; of these 228, 29 were parents. Of the survey respondents, between 73-97% agreed with the proposed targets set for FFY2020 through FFY2025. Thus, WDH,EIEP is confident in the targets that were chosen.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers birth to 1 with IFSPs | 146 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020 | 07/08/2021 | Population of infants and toddlers birth to 1 | 6,323 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers birth to 1 with IFSPs** | **Population of infants and toddlers birth to 1** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 146 | 6,323 | 2.86% | 1.92% | 2.31% | Met target | No Slippage |

**Provide additional information about this indicator (optional)**

In reviewing the data for the past six years, stakeholders decided to set targets that were realistic for all child development centers within the state. While the state has been traditionally above 2% on this indicator, not all child development centers have been. The FFY2019 national percent for this indicator was 1.37%. Even at a target of 1.92% for FFY2020, Wyoming is well above the national rate.

## 5 - Prior FFY Required Actions

None

## 5 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 5 - Required Actions

# Indicator 6: Child Find (Birth to Three)

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Child Find

**Results indicator:** Percent of infants and toddlers birth to 3 with IFSPs.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data collected under IDEA section 618 of the IDEA (IDEA Part C Child Count and Settings data collection in the ED*Facts* Metadata and Process System (E*MAPS*)) and Census (for the denominator).

**Measurement**

Percent = [(# of infants and toddlers birth to 3 with IFSPs) divided by the (population of infants and toddlers birth to 3)] times 100.

**Instructions**

*Sampling from the State’s 618 data is not allowed.*

Describe the results of the calculations . The data reported in this indicator should be consistent with the State’s reported 618 data reported in Table 1. If not, explain why.

## 6 - Indicator Data

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 4.31% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target >= | 4.41% | 4.51% | 4.71% | 5.00% | 5.00% |
| Data | 5.46% | 5.48% | 5.42% | 5.91% | 5.71% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target >= | 4.32% | 4.32% | 4.34% | 4.37% | 4.41% | 4.50% |

Targets: Description of Stakeholder Input

WDH, EIEP works closely with the state's Early Intervention Council (ICC) and other various stakeholders. The ICC consists of parents, University of Wyoming staff, EIS Program directors, a state legislator, a state Medicaid staff physician, a member of a local school district, and members from the state's Department of Health, Department of Family Services, and Department of Education.

The ICC was tasked with providing input on Wyoming's targets for the SPP/APR. The ICC met with WDH, EIEP in July and August 2021 to review and determine targets and voted to maintain targets. The ICC and various stakeholders which included early intervention providers conducted a variety of extensive activities towards the development and implementation of the State's Systemic Improvement Plan (SSIP). These stakeholders take an active and ongoing role in reviewing the SSIP data and implementation, which includes all the strategies currently being utilized, to ensure ongoing improvement.

In the stakeholder meetings for a given indicator, stakeholders reviewed the historical data and the projections for where the State would be in 2025-26 if all things stayed the same. Stakeholders were provided with an overview of the advantages and disadvantages of predictive models as well as an overview of the mindset for target-setting. Stakeholders were told that they would be selecting the end target (2025-26) for a given indicator. The State would then calculate intervening targets between FFY2020 and FFY2025 whereby there would be no increase in the target the first year, then small increments, and then the largest increment from 2024-25 to 2025-26. The purpose of using small increments at the beginning and large increments at the end is to allow enough time for district and school staff members to implement new initiatives and to change practices so that they have an opportunity to realistically meet the intervening targets along their way to the rigorous end target. After this overview in the initial stakeholder meetings, the stakeholders then determined a challenging and achievable target for the 2025-26 school year. The State then calculated intervening targets and shared these intervening targets with the same as well as additional stakeholders to get final approval for all the targets.

During target setting meetings, reports were given on progress towards the indicators. As part of the target setting process for the 2/1/2022 submission, we hosted two ICC meetings where data was presented for analysis and discussion. The data for each indicator was analyzed and members had an opportunity to reflect on the data and ask questions. Part of that discussion was barriers to improving outcomes and suggestions for improvement strategies. All responses were recorded and taken into account by state staff as part of the target setting process.

Quarterly ICC meetings are open to the public. Notices of the meetings are posted in local newspapers at least twice prior to each meeting, as well as on the public website. Local providers are invited and encouraged to attend on-site meetings, and to bring any parent members who might be interested as well. During the ICC meetings, WDH, EIEP received input on the targets for all indicators after the data was presented for analysis. Improvement strategies and evaluating progress was included in these discussions. In addition, WDH, EIEP provided online surveys for target setting to regional programs, encouraging them to seek input from providers and parents across the state. An online survey was created for each of the indicators; each survey asked respondents to provide input on the end target and the intervening targets. Two-hundred-twenty-eight people from various communities across the state completed the online surveys; of these 228, 29 were parents. Of the survey respondents, between 73-97% agreed with the proposed targets set for FFY2020 through FFY2025. Thus, WDH,EIEP is confident in the targets that were chosen.

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Child Count and Settings Survey; Section A: Child Count and Settings by Age | 07/08/2021 | Number of infants and toddlers birth to 3 with IFSPs | 1,141 |
| Annual State Resident Population Estimates for 6 Race Groups (5 Race Alone Groups and Two or More Races) by Age, Sex, and Hispanic Origin: April 1, 2010 to July 1, 2020 | 07/08/2021 | Population of infants and toddlers birth to 3 | 19,436 |

**FFY 2020 SPP/APR Data**

| **Number of infants and toddlers birth to 3 with IFSPs** | **Population of infants and toddlers birth to 3** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 1,141 | 19,436 | 5.71% | 4.32% | 5.87% | Met target | No Slippage |

**Provide additional information about this indicator (optional).**

In reviewing the data for the past six years, stakeholders decided to set targets that were realistic for all child development centers within the state. While the state has been traditionally above 5% on this indicator, not all child development centers have been. The FFY2019 national percent for this indicator was 3.7%. Even at a target of 4.32% for FFY2020, Wyoming is well above the national rate.

## 6 - Prior FFY Required Actions

None

## 6 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

## 6 - Required Actions

# Indicator 7: 45-Day Timeline

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Child Find

**Compliance indicator:** Percent of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C’s 45-day timeline. (20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data to be taken from monitoring or State data system and must address the timeline from point of referral to initial IFSP meeting based on actual, not an average, number of days.

**Measurement**

Percent = [(# of eligible infants and toddlers with IFSPs for whom an initial evaluation and initial assessment and an initial IFSP meeting were conducted within Part C’s 45-day timeline) divided by the (# of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted)] times 100.

Account for untimely evaluations, assessments, and initial IFSP meetings, including the reasons for delays.

**Instructions**

*If data are from State monitoring, describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.*

Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data and if data are from the State’s monitoring, describe the procedures used to collect these data. Provide actual numbers used in the calculation.

States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 7 - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 97.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 99.09% | 98.29% | 100.00% | 100.00% | 99.44% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

| **Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C’s 45-day timeline** | **Number of eligible infants and toddlers evaluated and assessed for whom an initial IFSP meeting was required to be conducted** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 931 | 1,082 | 99.44% | 100% | 99.72% | Did not meet target | No Slippage |

**Number of documented delays attributable to exceptional family circumstances**

**This number will be added to the "Number of eligible infants and toddlers with IFSPs for whom an initial evaluation and assessment and an initial IFSP meeting was conducted within Part C's 45-day timeline" field above to calculate the numerator for this indicator.**

148

**Provide reasons for delay, if applicable.**

Exceptional Family Circumstances: 148 of the 1,082 (13.68%) infants and toddlers did not have an initial evaluation and assessment and an initial IFSP meeting within Part C's 45 day timeline due to exceptional family circumstances as defined by IDEA Part C. The three predominate exceptional family circumstances were the family cancelled the appointment, the family was not able to be reached due to multiple attempts within the timeline, and illness of the family or child.

Program Reasons for Delays: 3 of the 1,082 (0.28%) infants and toddlers did not receive timely initial evaluation/assessment and initial IFSP due to program reasons. The three program reasons that impacted the provision of timely evaluation/assessment and initial IFSP were clerical error combined with COVID-19 delays, a calculation error by a new FSC, and a scheduling conflict between the service provider and the parent.

**What is the source of the data provided for this indicator?**

State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

The time period for this data collection is the full reporting period: July 1, 2020- June 30, 2021.

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

This data includes all IFSPs for the full reporting period and reflects the initial IFSPs from referral to the initial IFSP meeting and therefore reflects 100% of eligible infants and toddlers who were referred, evaluated and should have an IFSP meeting during the reporting timeline for FFY2020. The WDH Part C database is a web-based system that was specifically developed to collect and track data on the participation of infants and toddlers with disabilities and their families in the monitoring priority areas identified by the WDH and the Office of Special Education Programs. Data points are collected at referral date and then also for date of consent for the IFSPs for every eligible child and family, and this information is entered into the statewide database by EIS Program staff. This web-based system provides the Wyoming Part C Program with all of the data required to report on this Indicator including all child files which did not meet the regulation. The Part C Program is able view every child file and review the documentation and justification on why the EIS Program failed to meet the 45-day timeline.

**Provide additional information about this indicator (optional).**

The three documented delays were isolated incidents within this reporting period and not found to be a systemic issue within any provider organization.

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 5 | 5 |  | 0 |

**FFY 2019 Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements.***

Three programs did not meet the 100% target in FFY 2019 and were notified of findings of noncompliance. The programs were required to analyze root causes to address program issues during a meeting between the Part C coordinator and program directors. During these meetings, each non-compliant file was reviewed and staff indicated they knew how to document the timelines in the data system. The reasons for delay were reviewed and were all due to COVID delays in FFY 2019. The program met 100% compliance after reviewing subsequent data for IFSPs in the program in addition to the meeting that was held.

**Describe how the State verified that each *individual case* of noncompliance was corrected.**

In FFY 2019, 5 of the 892 (0.56%) children did not have evaluations and initial IFSP meetings within the 45-day timeline. Each case of noncompliance was corrected, unless the child was no longer within the jurisdiction of the provider, as soon as possible and no later than one year from the date of notification of noncompliance. The lead agency verified the program corrected all individual child noncompliance through a review of data within the WDH Part C database. The infants and toddlers who did not receive evaluations and initial IFSP meetings within the 45 days did, in fact, have the evaluations completed and meetings held at a later date. The program made corrections within the 365-day timeline, including the State's verification of correction, and met requirements for timely correction.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 7 - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

Please see above.

## 7 - OSEP Response

## 7 - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 8A: Early Childhood Transition

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

**Compliance indicator:** The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

**Instructions**

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State’s monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to “opt-out” of the referral. Under the State’s opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State’s Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8A - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 93.60% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 95.71% | 98.95% | 98.15% | 98.14% | 99.32% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

**Data include only those toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday. (yes/no)**

YES

| **Number of children exiting Part C who have an IFSP with transition steps and services** | **Number of toddlers with disabilities exiting Part C** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 526 | 563 | 99.32% | 100% | 95.38% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

FFY2020 was an anomaly for this indicator as one EI provider changed their service delivery process and therapists were filling the role of family service coordinator for a time. During that time, eleven transition plans did not occur, or they were completed late, as the therapists did not complete the transitions when they were also filling the family service coordinator role. The provider realized what was occurring and took steps to change back to the system where every child has a dedicated FSC. After that, no more transition plans were missed.

**Number of documented delays attributable to exceptional family circumstances**
**This number will be added to the “Number of children exiting Part C who have an IFSP with transition steps and services” field to calculate the numerator for this indicator.**

11

**Provide reasons for delay, if applicable.**

Exceptional Family Circumstances. 11 of the 563 (1.95%) toddlers did not receive timely transition steps and services due to exceptional family circumstances as defined by IDEA Part C. The two predominate exceptional family circumstances were delays related to the COVID-19 health crisis and cancelled appointments by the family.

**What is the source of the data provided for this indicator?**

State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

Full reporting period 7/1/2020-6/30/2021

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

The Wyoming Part C Program requires all EIS programs to enter 100% of the Part C children who are being served in the web-based software system from the initial referral to the Part C program up to the child's exit from Part C services. This information provides for real-time data. This data system also provides data on 100% of the completed and documented transition planning or transition conference meetings conducted for the child and child's family, even if late for the full reporting period of July 1 2020 to June 30, 2021.

**Provide additional information about this indicator (optional)**

26 of the 563 (4.62%) toddlers did not receive timely transition steps and services due to program reasons. Eleven of these occurred as described above, where one provider changed their service delivery model and transitions did not occur in a timely manner when the therapist was also filling the role of family service coordinator. The other predominate program reasons that impacted the provision of timely transition steps and services were calculation errors by program staff, program staff not documenting the transitions as they occurred, and other staff errors.

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 3 | 3 | 0 | 0 |

**FFY 2019 Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements.***

Three programs did not meet the 100% target in FFY 2019 and were notified of findings of noncompliance through determination letters issued upon review of the data. The programs were required to analyze root causes to address program issues during a follow up meeting between the Part C Coordinator and regional staff to review their regional report card and determination. The program met 100% compliance after reviewing subsequent data following the meeting between the Part C coordinator and the providers.

**Describe how the State verified that each *individual case* of noncompliance was corrected.**

In FFY 2019, 3 of the 438 (0.68%) toddlers did not receive timely transition plans with steps and services. Each case of noncompliance was corrected, unless the child was no longer within the jurisdiction of the provider, as soon as possible and no later than one year from the date of notification of noncompliance. The lead agency verified the program corrected all individual child noncompliance through a review of data within the WDH Part C database. The toddlers who did not receive timely transition steps and services did, in fact, have the transition plans with steps and services created at a later date. The program made corrections within the 365-day timeline, including the State's verification of correction, and met requirements for timely correction.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
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## 8A - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

Please see above.

## 8A - OSEP Response

## 8A - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 8B: Early Childhood Transition

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

**Compliance indicator:** The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

**Instructions**

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State’s monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to “opt-out” of the referral. Under the State’s opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State’s Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8B - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 100.00% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

**Data include notification to both the SEA and LEA**

YES

| **Number of toddlers with disabilities exiting Part C where notification to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 365 | 365 | 100.00% | 100% | 100.00% | Met target | No Slippage |

**Number of parents who opted out**

**This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.**

0

**Provide reasons for delay, if applicable.**

**Describe the method used to collect these data.**

In Wyoming, all fourteen (14) EIS Programs provide both Part C and Part B/619 services for their geographical area. All children who are potentially eligible for Part B/619 are identified in the state’s data system as potentially “Part B eligible.” Wyoming does not have an "opt-out" policy. In FFY 2020, (July 1, 2020, to June 30, 2021), there were three hundred and sixty-five (365) children exiting Part C and identified as potentially eligible for Part B/619. The LEA and SEA received notification for all 365 (100%) of the children identified as potentially eligible as EIS Program staff enter this information into the state’s data system. The only case where the LEA was not notified "at least 90 days before the age 3 birthday" timeline is if any child is referred to Part C less than ninety days which are late referrals to the Part C program.

**Do you have a written opt-out policy? (yes/no)**

NO

**What is the source of the data provided for this indicator?**

State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

Full reporting period of July 1, 2020 through June 30, 2021

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

Given that the data is based on 100% children in the Part C program for the entire year, it is representative. This data represents all Part C children who exited during the full reporting period.

**Provide additional information about this indicator (optional).**

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 0 |  |  | 0 |

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8B - Prior FFY Required Actions

None

## 8B - OSEP Response

## 8B - Required Actions

# Indicator 8C: Early Childhood Transition

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / Effective Transition

**Compliance indicator:** The percentage of toddlers with disabilities exiting Part C with timely transition planning for whom the Lead Agency has:

A. Developed an IFSP with transition steps and services at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday;

B. Notified (consistent with any opt-out policy adopted by the State) the State educational agency (SEA) and the local educational agency (LEA) where the toddler resides at least 90 days prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services; and

C. Conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services.

(20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data to be taken from monitoring or State data system.

**Measurement**

A. Percent = [(# of toddlers with disabilities exiting Part C who have an IFSP with transition steps and services at least 90 days, and at the discretion of all parties not more than nine months, prior to their third birthday) divided by the (# of toddlers with disabilities exiting Part C)] times 100.

B. Percent = [(# of toddlers with disabilities exiting Part C where notification (consistent with any opt-out policy adopted by the State) to the SEA and LEA occurred at least 90 days prior to their third birthday for toddlers potentially eligible for Part B preschool services) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

C. Percent = [(# of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B) divided by the (# of toddlers with disabilities exiting Part C who were potentially eligible for Part B)] times 100.

Account for untimely transition planning under 8A, 8B, and 8C, including the reasons for delays.

**Instructions**

Indicators 8A, 8B, and 8C: Targets must be 100%.

Describe the results of the calculations and compare the results to the target. Describe the method used to collect these data. Provide the actual numbers used in the calculation.

Indicators 8A and 8C: If data are from the State’s monitoring, describe the procedures used to collect these data. If data are from State monitoring, also describe the method used to select EIS programs for monitoring. If data are from a State database, describe the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period) and how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.

Indicators 8A and 8C: States are not required to report in their calculation the number of children for whom the State has identified the cause for the delay as exceptional family circumstances, as defined in 34 CFR §303.310(b), documented in the child’s record. If a State chooses to report in its calculation children for whom the State has identified the cause for the delay as exceptional family circumstances documented in the child’s record, the numbers of these children are to be included in the numerator and denominator. Include in the discussion of the data, the numbers the State used to determine its calculation under this indicator and report separately the number of documented delays attributable to exceptional family circumstances.

Indicator 8B: Under 34 CFR §303.401(e), the State may adopt a written policy that requires the lead agency to provide notice to the parent of an eligible child with an IFSP of the impending notification to the SEA and LEA under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §303.209(b)(1) and (2) and permits the parent within a specified time period to “opt-out” of the referral. Under the State’s opt-out policy, the State is not required to include in the calculation under 8B (in either the numerator or denominator) the number of children for whom the parents have opted out. However, the State must include in the discussion of data, the number of parents who opted out. In addition, any written opt-out policy must be on file with the Department of Education as part of the State’s Part C application under IDEA section 637(a)(9)(A)(ii)(I) and 34 CFR §§303.209(b) and 303.401(d).

Indicator 8C: The measurement is intended to capture those children for whom a transition conference must be held within the required timeline and, as such, only children between 2 years 3 months and age 3 should be included in the denominator.

Indicator 8C: Do not include in the calculation, but provide a separate number for those toddlers for whom the parent did not provide approval for the transition conference.

Indicators 8A, 8B, and 8C: Provide detailed information about the timely correction of noncompliance as noted in OSEP’s response table for the previous SPP/APR. If the State did not ensure timely correction of the previous noncompliance, provide information on the extent to which noncompliance was subsequently corrected (more than one year after identification). In addition, provide information regarding the nature of any continuing noncompliance, methods to ensure correction, and any enforcement actions that were taken.

If the State reported less than 100% compliance for the previous reporting period (e.g., for the FFY 2020 SPP/APR, the data for FFY 2019), and the State did not identify any findings of noncompliance, provide an explanation of why the State did not identify any findings of noncompliance.

## 8C - Indicator Data

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2005 | 99.40% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target  | 100% | 100% | 100% | 100% | 100% |
| Data | 97.33% | 98.96% | 98.79% | 97.29% | 96.60% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target | 100% | 100% | 100% | 100% | 100% | 100% |

**FFY 2020 SPP/APR Data**

**Data reflect only those toddlers for whom the Lead Agency has conducted the transition conference held with the approval of the family at least 90 days, and at the discretion of all parties, not more than nine months, prior to the toddler’s third birthday for toddlers potentially eligible for Part B preschool services. (yes/no)**

YES

| **Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B** | **Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- |
| 332 | 365 | 96.60% | 100% | 94.23% | Did not meet target | Slippage |

**Provide reasons for slippage, if applicable**

FFY2020 was an anomaly for this indicator as one EI provider changed their service delivery process and therapists were filling the role of FSC for a time. During that time, five transition conferences did not occur, or they were completed late, as the therapists did not complete the transitions when they were also filling the FSC role. The provider realized what was occurring and took steps to change back to the system where every child has a dedicated FSC. After that, no more transition plans were missed during the reporting period.

Staff calculation errors were attributed to four of the delays, other staff errors resulted in nine of the delays, and in three cases, there was no justification for delay documented.

**Number of toddlers for whom the parent did not provide approval for the transition conference**

**This number will be subtracted from the "Number of toddlers with disabilities exiting Part C who were potentially eligible for Part B" field to calculate the denominator for this indicator.**

1

**Number of documented delays attributable to exceptional family circumstances**

**This number will be added to the "Number of toddlers with disabilities exiting Part C where the transition conference occurred at least 90 days, and at the discretion of all parties not more than nine months prior to the toddler’s third birthday for toddlers potentially eligible for Part B" field to calculate the numerator for this indicator.**

11

**Provide reasons for delay, if applicable.**

Exceptional Family Circumstances. Of the 365 toddlers potentially eligible for Part B, 1 (0.27%) parent did not provide approval for the transition conference. 11 of the remaining 364 (3.02%) toddlers did not receive a timely conference due to exceptional family circumstances as defined by IDEA Part C. The two predominate exceptional family circumstances were delays due to COVID health restrictions or COVID concerns from the family and illness within the families.

Program Reasons for Delays. 21 of the 364 (5.76%) toddlers did not receive timely transition conferences. The two predominate program reasons that impacted the provision of timely conferences were as stated above, where five transitions were missed due to the therapists not completing transitions while in in the dual role as family service coordinator, and staff errors due to miscalculation or other errors.

**What is the source of the data provided for this indicator?**

State database

**Provide the time period in which the data were collected (e.g., September through December, fourth quarter, selection from the full reporting period).**

Full reporting period July 1, 2020 through June 30, 2021

**Describe how the data accurately reflect data for infants and toddlers with IFSPs for the full reporting period.**

The Part C EIS Programs enter all IDEA required information of all children being served in the Part C program along with their demographic information and their IFSP service information in the state's data system. This includes all service data points from the initial referral to the child's exit date and dates of required transition services for the full reporting period. This information provides for real-time data monitoring. Data on all children exiting the Part C system were monitored for this indicator.

**Provide additional information about this indicator (optional).**

WDH, EIEP will follow up with the providers that did not reach 100% compliance on this indicator to ensure they have the tools necessary to calculate the timelines correctly and ongoing monitoring of these programs will occur throughout the next reporting period. The provider that missed the timeline due to the change in the therapist/FSC role has changed their process again so that every child has a dedicated FSC and since then, no further instances of noncompliance have occurred.

**Correction of Findings of Noncompliance Identified in FFY 2019**

| **Findings of Noncompliance Identified** | **Findings of Noncompliance Verified as Corrected Within One Year** | **Findings of Noncompliance Subsequently Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
| 11 | 11 |  | 0 |

**FFY 2019 Findings of Noncompliance Verified as Corrected**

**Describe how the State verified that the source of noncompliance is correctly implementing the *regulatory requirements.***

Five programs did not meet the 100% target in FFY 2019 and were notified of findings of noncompliance through determination letters issued upon review of the data. The programs were required to analyze root causes to address program issues during a follow up meeting between the Part C Coordinator and regional staff to review their regional report card and determination. The program met 100% compliance after reviewing subsequent data following the meeting between the Part C coordinator and the providers.

**Describe how the State verified that each *individual case* of noncompliance was corrected.**

In FFY 2019, 11 out of 324 (3.39%) of toddlers toddlers did not receive timely transition conferences with steps and services. Each case of noncompliance was corrected, unless the child was no longer within the jurisdiction of the provider, as soon as possible and no later than one year from the date of notification of noncompliance. The lead agency verified the program corrected all individual child noncompliance through a review of data within the WDH Part C database. The toddlers who did not receive timely transition steps and services did, in fact, have the transition conferences with steps and services created at a later date. The program made corrections within the 365-day timeline, including the State's verification of correction, and met requirements for timely correction.

**Correction of Findings of Noncompliance Identified Prior to FFY 2019**

| **Year Findings of Noncompliance Were Identified** | **Findings of Noncompliance Not Yet Verified as Corrected as of FFY 2019 APR** | **Findings of Noncompliance Verified as Corrected** | **Findings Not Yet Verified as Corrected** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8C - Prior FFY Required Actions

Because the State reported less than 100% compliance for FFY 2019, the State must report on the status of correction of noncompliance identified in FFY 2019 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2020 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2019 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2020 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2019, although its FFY 2019 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2019.

**Response to actions required in FFY 2019 SPP/APR**

Please see above.

## 8C - OSEP Response

## 8C - Required Actions

Because the State reported less than 100% compliance for FFY 2020, the State must report on the status of correction of noncompliance identified in FFY 2020 for this indicator. When reporting on the correction of noncompliance, the State must report, in the FFY 2021 SPP/APR, that it has verified that each EIS program or provider with noncompliance identified in FFY 2020 for this indicator: (1) is correctly implementing the specific regulatory requirements (i.e., achieved 100% compliance) based on a review of updated data such as data subsequently collected through on-site monitoring or a State data system; and (2) has corrected each individual case of noncompliance, unless the child is no longer within the jurisdiction of the EIS program or provider, consistent with OSEP Memo 09-02. In the FFY 2021 SPP/APR, the State must describe the specific actions that were taken to verify the correction.

If the State did not identify any findings of noncompliance in FFY 2020, although its FFY 2020 data reflect less than 100% compliance, provide an explanation of why the State did not identify any findings of noncompliance in FFY 2020.

# Indicator 9: Resolution Sessions

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / General Supervision

**Results indicator:** Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures under section 615 of the IDEA are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED*Facts* Metadata and Process System (E*MAPS*)).

**Measurement**

Percent = (3.1(a) divided by 3.1) times 100.

**Instructions**

Sampling from the State’s 618 data is not allowed.

This indicator is not applicable to a State that has adopted Part C due process procedures under section 639 of the IDEA.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of resolution sessions is less than 10. In a reporting period when the number of resolution sessions reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State’s 618 data, explain.

States are not required to report data at the EIS program level.

## 9 - Indicator Data

**Not Applicable**

**Select yes if this indicator is not applicable.**

YES

**Provide an explanation of why it is not applicable below.**

The measurement for this indicator states, Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted). (20 U.S.C. 1416(a)(3)(B) and 1442)W. Currently, Wyoming uses Part C due process procedures and therefore this indicator is not applicable to the performance measurement as it is applied in the state system.

## 9 - Prior FFY Required Actions

None

## 9 - OSEP Response

OSEP notes that this indicator is not applicable.

## 9 - Required Actions

# Indicator 10: Mediation

**Instructions and Measurement**

**Monitoring Priority:** Effective General Supervision Part C / General Supervision

**Results indicator:** Percent of mediations held that resulted in mediation agreements. (20 U.S.C. 1416(a)(3)(B) and 1442)

**Data Source**

Data collected under section 618 of the IDEA (IDEA Part C Dispute Resolution Survey in the ED*Facts* Metadata and Process System (E*MAPS*)).

**Measurement**

Percent = [(2.1(a)(i) + 2.1(b)(i)) divided by 2.1] times 100.

**Instructions**

Sampling from the State’s 618 data is not allowed.

Describe the results of the calculations and compare the results to the target.

States are not required to establish baseline or targets if the number of mediations is less than 10. In a reporting period when the number of mediations reaches 10 or greater, the State must develop baseline and targets and report them in the corresponding SPP/APR.

The consensus among mediation practitioners is that 75-85% is a reasonable rate of mediations that result in agreements and is consistent with national mediation success rate data. States may express their targets in a range (e.g., 75-85%).

If the data reported in this indicator are not the same as the State’s 618 data, explain.

States are not required to report data at the EIS program level.

## 10 - Indicator Data

**Select yes to use target ranges**

Target Range not used

**Select yes if the data reported in this indicator are not the same as the State’s data reported under section 618 of the IDEA.**

NO

**Prepopulated Data**

| **Source** | **Date** | **Description** | **Data** |
| --- | --- | --- | --- |
| SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/03/2021 | 2.1 Mediations held | 0 |
| SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/03/2021 | 2.1.a.i Mediations agreements related to due process complaints | 0 |
| SY 2020-21 EMAPS IDEA Part C Dispute Resolution Survey; Section B: Mediation Requests | 11/03/2021 | 2.1.b.i Mediations agreements not related to due process complaints | 0 |

Targets: Description of Stakeholder Input

WDH, EIEP works closely with the state's Early Intervention Council (ICC) and other various stakeholders. The ICC consists of parents, University of Wyoming staff, EIS Program directors, a state legislator, a state Medicaid staff physician, a member of a local school district, and members from the state's Department of Health, Department of Family Services, and Department of Education.

The ICC was tasked with providing input on Wyoming's targets for the SPP/APR. The ICC met with WDH, EIEP in July and August 2021 to review and determine targets and voted to maintain targets. The ICC and various stakeholders which included early intervention providers conducted a variety of extensive activities towards the development and implementation of the State's Systemic Improvement Plan (SSIP). These stakeholders take an active and ongoing role in reviewing the SSIP data and implementation, which includes all the strategies currently being utilized, to ensure ongoing improvement.

In the stakeholder meetings for a given indicator, stakeholders reviewed the historical data and the projections for where the State would be in 2025-26 if all things stayed the same. Stakeholders were provided with an overview of the advantages and disadvantages of predictive models as well as an overview of the mindset for target-setting. Stakeholders were told that they would be selecting the end target (2025-26) for a given indicator. The State would then calculate intervening targets between FFY2020 and FFY2025 whereby there would be no increase in the target the first year, then small increments, and then the largest increment from 2024-25 to 2025-26. The purpose of using small increments at the beginning and large increments at the end is to allow enough time for district and school staff members to implement new initiatives and to change practices so that they have an opportunity to realistically meet the intervening targets along their way to the rigorous end target. After this overview in the initial stakeholder meetings, the stakeholders then determined a challenging and achievable target for the 2025-26 school year. The State then calculated intervening targets and shared these intervening targets with the same as well as additional stakeholders to get final approval for all the targets.

During target setting meetings, reports were given on progress towards the indicators. As part of the target setting process for the 2/1/2022 submission, we hosted two ICC meetings where data was presented for analysis and discussion. The data for each indicator was analyzed and members had an opportunity to reflect on the data and ask questions. Part of that discussion was barriers to improving outcomes and suggestions for improvement strategies. All responses were recorded and taken into account by state staff as part of the target setting process.

Quarterly ICC meetings are open to the public. Notices of the meetings are posted in local newspapers at least twice prior to each meeting, as well as on the public website. Local providers are invited and encouraged to attend on-site meetings, and to bring any parent members who might be interested as well. During the ICC meetings, WDH, EIEP received input on the targets for all indicators after the data was presented for analysis. Improvement strategies and evaluating progress was included in these discussions. In addition, WDH, EIEP provided online surveys for target setting to regional programs, encouraging them to seek input from providers and parents across the state. An online survey was created for each of the indicators; each survey asked respondents to provide input on the end target and the intervening targets. Two-hundred-twenty-eight people from various communities across the state completed the online surveys; of these 228, 29 were parents. Of the survey respondents, between 73-97% agreed with the proposed targets set for FFY2020 through FFY2025. Thus, WDH,EIEP is confident in the targets that were chosen.

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FFY** | **2015** | **2016** | **2017** | **2018** | **2019** |
| Target>= | 100.00% | 100.00% | 100.00% | 100.00% |  |
| Data |  |  |  |  |  |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= |  |  |  |  |  |  |

**FFY 2020 SPP/APR Data**

| **2.1.a.i Mediation agreements related to due process complaints** | **2.1.b.i Mediation agreements not related to due process complaints** | **2.1 Number of mediations held** | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 0 | 0 |  |  |  | N/A | N/A |

**Provide additional information about this indicator (optional)**

## 10 - Prior FFY Required Actions

None

## 10 - OSEP Response

The State reported fewer than ten mediations held in FFY 2020. The State is not required to provide targets until any fiscal year in which ten or more mediations were held.

## 10 - Required Actions

# Indicator 11: State Systemic Improvement Plan

**Instructions and Measurement**

**Monitoring Priority:** General Supervision

The State’s SPP/APR includes a State Systemic Improvement Plan (SSIP) that meets the requirements set forth for this indicator.

**Measurement**

The State’s SPP/APR includes an SSIP that is a comprehensive, ambitious, yet achievable multi-year plan for improving results for infants and toddlers with disabilities and their families. The SSIP includes each of the components described below.

**Instructions**

***Baseline Data:*** The State must provide baseline data that must be expressed as a percentage and which is aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families.

***Targets:*** In its FFY 2020 SPP/APR, due February 1, 2022, the State must provide measurable and rigorous targets (expressed as percentages) for each of the six years from FFY 2020 through FFY 2025. The State’s FFY 2025 target must demonstrate improvement over the State’s baseline data.

***Updated Data:*** In its FFYs 2020 through FFY 2025 SPPs/APRs, due February 2022 through February 2027, the State must provide updated data for that specific FFY (expressed as percentages) and that data must be aligned with the State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families. In its FFYs 2020 through FFY 2025 SPPs/APRs, the State must report on whether it met its target.

Overview of the Three Phases of the SSIP

It is of the utmost importance to improve results for infants and toddlers with disabilities and their families by improving early intervention services. Stakeholders, including parents of infants and toddlers with disabilities, early intervention service (EIS) programs and providers, the State Interagency Coordinating Council, and others, are critical participants in improving results for infants and toddlers with disabilities and their families and must be included in developing, implementing, evaluating, and revising the SSIP and included in establishing the State’s targets under Indicator 11. The SSIP should include information about stakeholder involvement in all three phases.

*Phase I: Analysis*:

- Data Analysis;

- Analysis of State Infrastructure to Support Improvement and Build Capacity;

- State-identified Measurable Result(s) for Infants and Toddlers with Disabilities and their Families;

- Selection of Coherent Improvement Strategies; and

- Theory of Action.

*Phase II: Plan* (which is in addition to the Phase I content (including any updates) outlined above:

- Infrastructure Development;

- Support for EIS Program and/or EIS Provider Implementation of Evidence-Based Practices; and

- Evaluation.

*Phase III: Implementation and Evaluation* (which is in addition to the Phase I and Phase II content (including any updates) outlined above:

- Results of Ongoing Evaluation and Revisions to the SSIP.

**Specific Content of Each Phase of the SSIP**

Refer to FFY 2013-2015 Measurement Table for detailed requirements of Phase I and Phase II SSIP submissions.

Phase III should only include information from Phase I or Phase II if changes or revisions are being made by the State and/or if information previously required in Phase I or Phase II was not reported.

***Phase III: Implementation and Evaluation***

In Phase III, the State must, consistent with its evaluation plan described in Phase II, assess and report on its progress implementing the SSIP. This includes: (A) data and analysis on the extent to which the State has made progress toward and/or met the State-established short-term and long-term outcomes or objectives for implementation of the SSIP and its progress toward achieving the State-identified Measurable Result for Infants and Toddlers with Disabilities and Their Families (SiMR); (B) the rationale for any revisions that were made, or that the State intends to make, to the SSIP as the result of implementation, analysis, and evaluation; and (C) a description of the meaningful stakeholder engagement. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

A. Data Analysis

As required in the Instructions for the Indicator/Measurement, in its FFYs 2020 through FFY 2025 SPP/APR, the State must report data for that specific FFY (expressed as actual numbers and percentages) that are aligned with the SiMR. The State must report on whether the State met its target. In addition, the State may report on any additional data (e.g., progress monitoring data) that were collected and analyzed that would suggest progress toward the SiMR. States using a subset of the population from the indicator (e.g., a sample, cohort model) should describe how data are collected and analyzed for the SiMR if that was not described in Phase I or Phase II of the SSIP.

B. Phase III Implementation, Analysis and Evaluation

The State must provide a narrative or graphic representation, e.g., a logic model, of the principal activities, measures and outcomes that were implemented since the State’s last SSIP submission (i.e., April 1, 2021). The evaluation should align with the theory of action described in Phase I and the evaluation plan described in Phase II. The State must describe any changes to the activities, strategies, or timelines described in Phase II and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.

The State must summarize the infrastructure improvement strategies that were implemented, and the short-term outcomes achieved, including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up. The State must describe the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next fiscal year (e.g., for the FFY 2020 APR, report on anticipated outcomes to be obtained during FFY 2021, i.e., July 1, 2021-June 30, 2022).

The State must summarize the specific evidence-based practices that were implemented and the strategies or activities that supported their selection and ensured their use with fidelity. Describe how the evidence-based practices, and activities or strategies that support their use, are intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (i.e., behaviors), parent/caregiver outcomes, and/or child outcomes. Describe any additional data (i.e., progress monitoring data) that was collected to support the on-going use of the evidence-based practices and inform decision-making for the next year of SSIP implementation.

C. Stakeholder Engagement

The State must describe the specific strategies implemented to engage stakeholders in key improvement efforts and how the State addressed concerns, if any, raised by stakeholders through its engagement activities.

Additional Implementation Activities

The State should identify any activities not already described that it intends to implement in the next fiscal year (e.g., for the FFY 2020 APR, report on activities it intends to implement in FFY 2021, i.e., July 1, 2021-June 30, 2022) including a timeline, anticipated data collection and measures, and expected outcomes that are related to the SiMR. The State should describe any newly identified barriers and include steps to address these barriers.

## 11 - Indicator Data

**Section A: Data Analysis**

**What is the State-identified Measurable Result (SiMR)?**

Increase the percentage of infants and toddlers who exit the Part C program services demonstrating age-appropriate positive social-emotional skills by 4.0% over a period of 5 years.

**Has the SiMR changed since the last SSIP submission? (yes/no)**

NO

**Is the State using a subset of the population from the indicator (*e.g.*, a sample, cohort model)? (yes/no)**

NO

**Is the State’s theory of action new or revised since the previous submission? (yes/no)**

YES

**Please provide a description of the changes and updates to the theory of action.**

Based on stakeholder input, the strands of action were modified and now there are three rather than four as Evidence-Based Practices and Family Engagement are so similar that they were combined into one strand. No new strands were developed; they were just revised to allow for updated activities and outcomes. The column headings were modified to provide a more concise picture of the direction the state and providers are going in order to see improved results in the SiMR.

**Please provide a link to the current theory of action.**

https://health.wyo.gov/wp-content/uploads/2022/01/WY-Theory-of-Action.1.24.2022-508-Compliant-1.docx

Progress toward the SiMR

**Please provide the data for the specific FFY listed below (expressed as actual number and percentages)*.***

**Select yes if the State uses two targets for measurement. (yes/no)**

NO

**Historical Data**

| **Baseline Year** | **Baseline Data** |
| --- | --- |
| 2017 | 31.17% |

**Targets**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FFY** | **2020** | **2021** | **2022** | **2023** | **2024** | **2025** |
| Target>= | 76.00% | 76.00% | 76.44% | 76.88% | 77.75% | 79.50% |

**FFY 2020 SPP/APR Data**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Number of kids who exited with age-appropriate social-emotional skills | Number of kids who exited | **FFY 2019 Data** | **FFY 2020 Target** | **FFY 2020 Data** | **Status** | **Slippage** |
| 63 | 92 | 52.27% | 76.00% | 68.48% | Did not meet target | No Slippage |

**Provide the data source for the FFY 2020 data.**

Battelle Developmental Inventory Second Edition (BDI-II) Data Manager and State Database

**Please describe how data are collected and analyzed for the SiMR**.

In FFY 2016-17 the state began implementing a new process for reporting performance for this indicator by using the Battelle Developmental Inventory-Second Edition (BDI-2). WDH, EIEP implemented this change over the course of three (3) reporting years with specific EIS Programs changing to the new reporting process each of the three (3) years. The change to the new process was fully implemented for all newly enrolled infants/toddlers as of June 30, 2019, with all EIS Programs using the BDI-2 for both entry and exiting child outcome reporting on skill levels in all five domains. In 2018-19, all EIS Programs had transitioned to this new process for gathering data on the three outcomes areas. The scoring process for the BDI-2 entails converting the z-score on a given domain area to the 7-point Child Outcome Rating scale. Exit scores on the 7-point rating scale are then compared to entry scores on the 7-point rating scale to determine which of the five OSEP progress categories (a, b, c, d, or e) in which a given student falls, using the same calculation method as that used for the ECO Child Outcomes Summary process. In addition, in 2020-21, the EIEP also (in addition to changes in z-scores) used the Battelle's Change Sensitive Scores (CSS) to measure growth whereas a child who made at least a 20 point gain in CSS (which corresponds to significant growth based on the 90% confidence intervals) from entry to exit was said to have made growth. Note that there are still some children who, upon entry, used the previous process of the ECO COS for gathering data on the three outcomes areas. Under the previous process, the EIS Programs could use approved tools other than BDI-2. The purpose of the new process is to standardize the process for collecting information and to ensure the data are reliable and valid. The 2020-21 year represented the first year in which almost all exiting children had an entry that was based on the BDI-II process; all had an exit score that is based on the BDI-2 process.

**Optional: Has the State collected additional data *(i.e., benchmark, CQI, survey)* that demonstrates progress toward the SiMR? (yes/no)**

NO

**Did the State identify any general data quality concerns, unrelated to COVID-19, that affected progress toward the SiMR during the reporting period? (yes/no)**

NO

**Did the State identify any data quality concerns directly related to the COVID-19 pandemic during the reporting period? (yes/no)**

YES

**If data for this reporting period were impacted specifically by COVID-19, the State must include in the narrative for the indicator: (1) the impact on data completeness, validity and reliability for the indicator; (2) an explanation of how COVID-19 specifically impacted the State’s ability to collect the data for the indicator; and (3) any steps the State took to mitigate the impact of COVID-19 on the data collection.**

COVID impacted Indicator 3. Only about 56% of the children who should have received exit scores did in fact receive exit scores during the 2020-21 reporting year which impacted the EIS Programs. The state did not see widespread closures, but areas of the state were still affected at different times as well as individual/family cases of quarantine among families and providers. In addition, in some cases families were not allowing EIS Programs to come to their homes due to COVID. This prevented many of the EIS Programs from administering the BDI-2 to exiting children. In reviewing the reasons why the exit BDI's were not completed, the majority were due to families refusing due to COVID, exiting services without notice, moving without notice, or other similar reasons.

Section B: Implementation, Analysis and Evaluation

**Is the State’s evaluation plan new or revised since the previous submission? (yes/no)**

YES

**If yes, please provide the following information: a description of the changes and updates to the evaluation plan; a rationale or justification for the changes; and, a link to the State’s current evaluation plan****.**

Updates to the evaluation plan coincide with updates to the theory of action with narrowing the coherent improvement strategies down to three rather than four. New action steps were added with short term and long term outcomes due to OSEP feedback that the state received during the SSIP review process. The state, with stakeholder input from the ICC and a specially convened stakeholder workgroup, discussed developing a system for professional development, including developing a system for scale-up, making arrangements with an instructor/coach, designing coursework, selecting a fidelity tool, and improving data through the assessment process.

Link to the FFY 2020 Evaluation/Action Plan
https://health.wyo.gov/wp-content/uploads/2022/01/FFY-2020-Evaluation-Action-Plan.docx

**Provide a summary of each infrastructure improvement strategy implemented in the reporting period.**

Coherent Improvement Strategy 1. Professional Development (PD)
Five PD trainings were delivered in 2020-21 in which 17 EIS provider staff attended.

Coherent Improvement Strategy 2. Evidence Based Practices (EBP)
In 2020-21, the three WY EIEP Professional Development Series online modules were accessible to all local EIS providers. There were also three family service coordinator (FSC) training webinars that were focused on children who are deaf/hard of hearing. . Across these six opportunities, 117 EIS provider staff completed the trainings.

Coherent Improvement Strategy 3. Parent Support and Engagement (PSE)
Each local EIS provider is responsible to develop and implement their own professional development plan to support all their providers in PSE. In 2020-21 training sessions included: Love & Logic Parent Trainings, ACES Training, S.T.E.P. (Systematic Training for Effective Parenting). Organizations providing the training included Dept. of Family Services, Behavioral Health and Counseling agencies, school districts, childcare providers, physicians and pediatricians.

Coherent Improvement Strategy 4. Data Quality
Throughout FFY 2020, the EIS providers continued to reliably use the BDI-II to collect data for the child outcome reporting.

**Describe the short-term or intermediate outcomes achieved for each infrastructure improvement strategy during the reporting period including the measures or rationale used by the State and stakeholders to assess and communicate achievement. Please relate short-term outcomes to one or more areas of a systems framework (e.g., governance, data, finance, accountability/monitoring, quality standards, professional development and/or technical assistance) and explain how these strategies support system change and are necessary for: (a) achievement of the SiMR; (b) sustainability of systems improvement efforts; and/or (c) scale-up.**

Coherent Improvement Strategy 1. Professional Development (PD)
Five PD trainings were delivered in 2020-2021 in which 17 EIS provider staff attended. The attendees rated the training as 100% for its usefulness and for the quality of the materials and hand-outs. 96% stated they would change what they do on the job as a result of the training. This data was collected using an end-of-training questionnaire. Ongoing PD is vital to providing consistent quality service delivery that impact the developmental skill building for children in the program. Sustained improvement in the use of EBP is designed to ultimately improve performance in the SIMR.

Coherent Improvement Strategy 2. Evidence Based Practices (EBP)
In 2020-21, the three WY EIEP Professional Development Series online modules were accessible to all local EIS providers. There were also three family service coordinator (FSC) training webinars that were focused on deaf/hard of hearing children. Across these six opportunities, 117 EIS provider staff completed the trainings. 80% stated their knowledge increased as a result of the online modules. On the knowledge post-test for the online modules, 73% of participants met the cut score. In addition, the State sent out a survey to EIS providers on their use of EBP when delivering services to families. In the identified EBP practices of conducting a Routine Based Interview with families to identify functional child and family IFSP outcomes, 77% answered that they are knowledgeable about writing functional outcomes. This is up from the 2019-20 survey where only 74% indicated that are knowledgeable. All EBPs affect the quality of services identified which in term are provided to impact improvement in the child and family outcomes and the SiMR.

Coherent Improvement Strategy 3. Parent Support and Engagement (PSE)
Each local EIS provider is responsible to provide their own PSE. In 2020-21, several training sessions were delivered to families and communities throughout Wyoming.
Outcomes for young children who participate in early intervention services include increased motor, social, and cognitive functioning; the acquisition of age-appropriate skills; and reduced negative impacts of their disabilities or delays. Families benefit from early intervention by being able to better meet their children’s special needs from an early age and throughout their lives. Benefits to society include reducing economic burden through a decreased need for special education.
(The National Early Childhood Technical Assistance Center. (2012). The Outcomes of Early Intervention for Infants and Toddlers with Disabilities and their Families.) http://www.nectac.org/~pdfs/pubs/outcomesofearlyintervention.pdf

Coherent Improvement Strategy 4. Data Quality
The EIS providers, through improvement in data quality of Child Outcome reporting, have a better understanding of their impact on the child’s performance in the areas of social-emotional skills. Based on results from the EI Providers Survey, 81% of providers are using the results from the child outcomes data to improve services provision. This directly will affect the SSIP by the following:
o EIS providers continue to review child-level data to determine if children are making sufficient progress in their early intervention program. This is accomplished by providing individual EI Program Child Outcome reports, with child-level data, on their performance trends in the a, b, c, d, and e Child Outcome Progress Categories. This occurs annually with the State staff and a contracted data consultant. During these meetings, staff discuss the data trends, strategize programming information for any low performance or drop in performance and make plans for improvement. Plans may include improvement to service delivery (frequency/intensity), more staff training or family training, etc.
o Stakeholders continue to periodically review child outcome performance including comparisons to Part C program outcome data from other States and national data). This review allows for Stakeholders to make informed decisions on improvement strategies that impact this area.

**Did the State implement any new (newly identified) infrastructure improvement strategies during the reporting period? (yes/no)**

NO

**Provide a summary of the next steps for each infrastructure improvement strategy and the anticipated outcomes to be attained during the next reporting period.**

Next steps were developed with input from a new specially identified stakeholder group that met three times in November and December 2021, and January 2022.

For the action strand of Professional Development, a small workgroup will be convened in the spring to discuss the PD infrastructure and develop an outline for the new system of PD across the state. This new stakeholder subgroup that was recommended by the ICC stated they wish to stay involved with the process and that group will re-convene to receive a report from the workgroup on strategies and to continue to provide input. The state will collaborate with another state program to utilize their Learning Management System. An instructor/coach will be chosen and a contract will be developed. The infrastructure for selecting providers will be designed to select and begin Cohort 1 by October 2022. Once this cohort is completed and fidelity achieved, the process will continue with additional cohorts each year until all providers have reached fidelity.

The Evidence-Based Practices and Family Engagement strand is focused on providing training, technical assistance and resources to all providers throughout the state so that everyone can improve their knowledge and skills during the same time that selected providers will be participating in small cohort groups. A self-assessment will be completed to determine all provider's knowledge and use of practices related to improved social-emotional development. Additionally, baseline data from monitoring the quality of IFSP outcomes is available from FFY2020. Information from the self-assessment and FFY2020 data will be used by the state workgroup in designing the PD system to increase family capacity as well as to identify and provide training and resources in this strand. WY has recently updated the state’s Early Learning Guidelines and training will be provided on the social emotional domain. Stakeholders strongly recommended developing a toolbox of resources for providers that will be disseminated throughout the state. Training and ongoing support will be provided to all providers statewide as stakeholders indicated that PD is difficult to implement beyond the initial training. Opportunities will be developed to support providers through additional TA and networking as needed. A follow up assessment will be completed to determine effectiveness of the system in increasing provider's knowledge and use of these practices.

For the Assessment strand, the state has identified ongoing training needs to administering the BDI-2 to ensure providers are conducting the assessment with fidelity. Training occurred in January 2022 and will continue through the spring. The state also decided to begin the transition to the BDI-III which has updated norms in the social-emotional domain. Stakeholders also indicated the need for updated technical assistance guides for recording results in the Data Manager and the state database to ensure all entries and exits are recorded in a way that can later be analyzed.

**List the selected evidence-based practices implemented in the reporting period:**

Family engagement
Delivering services in natural environments
Using routines-based interviews
Using familiar toys/people
Writing functional outcomes

**Provide a summary of each evidence-based practice.**

Training was provided through the use of online modules. These modules are maintained and available on the University of Wyoming's platform. All new family service coordinators are required to complete the trainings, and are required to review these every three years thereafter.

There are three modules contained in this Professional Development Series. Module 1: Diagnostic Evaluations for Eligibility, Module 2: IFSP Development, and Module 3: Ongoing Progress Monitoring and IFSP Reviews. Module 1 focuses on best practices for the intake process from referral to evaluation, best practices in evaluation and assessment in early intervention, procedures for determining and documenting team-based eligibility decisions, and procedural safeguards for families related to evaluation, assessment, and eligibility determination, and strategies for engaging them in team decision-making.

Learning objectives for Module 2 include how children learn and the impact on IFSP development, Part C requirements for the content of the IFSP, IFSP team member roles and responsibilities, the process for developing high-quality IFSPs, including writing functional outcomes for children and families, how to complete the IFSP forms, and supporting transition from early intervention to preschool and other community services at age three.

Module 3 covers progress monitoring, best practices for authentic assessment and the knowledge of age-expected development to inform progress monitoring, and IDEA Part C requirements for IFSP reviews.

In addition, training was provided through the University of Wyoming's Early Childhood ECHO network on the EBPs as described below.

**Provide a summary of how each evidence-based practices and activities or strategies that support its use, is intended to impact the SiMR by changing program/district policies, procedures, and/or practices, teacher/provider practices (e.g. behaviors), parent/caregiver outcomes, and/or child/outcomes.**

The goal of the trainings provided during the reporting period was to support the EI provider's practices in implementing EBPs in order to support families in the area of social-emotional development and to ultimately improve child outcomes data as a result of improved practices. Providers did report they focus on social-emotional development for families they serve, their knowledge and skills increased, and they made changes in their practices. Improving practices over time would impact the SiMR as more children would be exiting the program with age-appropriate positive social-emotional skills. In fact, there was improvement in the SiMR in the FFY2020 reporting year.

Going forward, the revised strategies, through an enhanced PD framework, additional resources, and continued technical assistance in the area of assessment, are intended to impact the SIMR by enhancing procedures and practices at the local level. Providers will build on their skills they are acquiring through additional training and support. Through the new PD infrastructure, an initial cohort of providers will receive intensive training and coaching support as they work towards fidelity, thereby increasing their use of EBPs which are intended to increase performance in the SiMR.

**Describe the data collected to monitor fidelity of implementation and to assess practice change.**

The state examined a sample of IFSPs during the reporting period to determine if they met the standards for writing functional outcomes which is one of the EPBs. The results of these reviews will be used as baseline data to design additional training and support opportunities in the Evidence-Based Practices and Family Engagement. Going forward, one of the activities is to adopt a fidelity tool to be used with providers to support use of the evidence-based practices.

The state continued to monitor the fidelity of the administration of the BDI-2. The Provider Survey offers insight as to the extent to which providers are implementing practices with fidelity. While this is a self-report measure, and thus not as reliable as on external observational tool, it does provide information regarding what practices are being implemented in the field.

**Describe any additional data (e.g. progress monitoring) that was collected that supports the decision to continue the ongoing use of each evidence-based practice.**

The Provider Survey and Part C Family Survey are additional data that the EIEP collects each year. The provider survey gathers information on the level of education of each provider responding to the survey, specific information on early intervention strategies, self-reported knowledge in the areas of eligibility, writing functional outcomes, and conducting parent interviews. Information is also gathered on services, items contained within the IFSP, and information on trainings the providers have attended.

 The Director’s Survey was designed to gather information about how eligibility decisions are made surrounding Social-Emotional services, how decisions are made surrounding the IFSP and social-emotional services. Included are questions related to the evaluation tools used in each region, parent interview tools used, and the use of behavioral screening tools. Below are the results by coherent improvement strategies.

Coherent Improvement Strategy 1. Professional Development (PD)
As a result of the 2017-18 and 2018-19 trainings that were offered on the ASQ-SE, the state continues to gauge the impact on these trainings by asking about the social-emotional well-being of the child through the yearly Provider Survey. From the 2020-21 Provider Survey results, 86% of providers said they they focus on social-emotional well-being of the child during home visits.

Coherent Improvement Strategy 2. Evidence Based Practices (EBP)
From the 2020-21 Provider Survey results:
77% of providers said they are knowledgeable about writing functional outcomes.
77% of providers said they conduct RBIs.
72% of providers said they conduct eligibility trainings.
As a results of FSC guidance,
77% of providers said their knowledge increased,
79% said their skills increased,
77% said they made changes in their practice, and
84% said the guidance impacted their clients.

Coherent Improvement Strategy 3. Parent Support and Engagement (PSE)
The Part C Family Survey asks three questions that relate to children’s social-emotional needs. From the 2020-21 Part C Family Survey results:
96% of families agree that Early Intervention services helped them understand their child’s social/emotional needs.
95% agree that they were given information on routines, activities, and physical settings that would help their child’s social-emotional needs.
94% agree that their child is better able to manage his/her emotions as a result of Early Intervention Services.

Coherent Improvement Strategy 4. Data Quality
From the 2020-21 Provider Survey results:
81% of providers said they are using the results from the child outcomes data to improve services provision.
As a result of the BDI trainings,
61% said their knowledge increased,
65% said their skills increased,
67% said they made changes in their practice, and
80% said the BDI trainings impacted their clients.
34% said they are informed by data to make decisions around social emotional type services. NOTE: This question will be asked on the Director Survey for the 2021-22 school year.
19% said they are using social-emotional data to make improvements with IFSP services.

**Provide a summary of the next steps for each evidence-based practices and the anticipated outcomes to be attained during the next reporting period.**

During the OSEP SSIP review process, the state was asked to clarify the use of Evidence-Based Practices. Through the stakeholder input process, two general EBPs from the DEC Recommended Practices have been selected and will be narrowed down to target specific processes in the future through the workgroup and development of the PD process. These EBPs are:

Family F4. Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs.

Interaction INT2. Practitioners promote the child's social development by encouraging the child to initiate or sustain positive interactions with other children and adults during routines and activities through modeling, teaching feedback, and other types of guided support.

The next steps are to narrow down these broad practices down to more specific skills that will be the foundation of the new PD system including the provision of coaching. This will be done through the workgroup, collaboration with the university, and selection of a trainer/coach. These practices will also be incorporated into the statewide training opportunities to enhance evidence-based practices and family engagement that will be available to all providers. The training materials used by a number of other states are currently begin explored for adaptation for use in Wyoming.

**Describe any changes to the activities, strategies, or timelines described in the previous submission and include a rationale or justification for the changes. If the State intends to continue implementing the SSIP without modifications, the State must describe how the data from the evaluation support this decision.**

As a result of a review of the SSIP activities with the ICC and an additional specifically convened stakeholder group, it was recommended that adjustments be made to activities, strategies, and timelines be developed. As a result the original SSIP, which had been developed over the course of months with stakeholder input, was changed over time due to an evaluation of the progress of the original activities. After the initial curriculum that was chosen had been discontinued in 2018, professional development was pursued through a partnership with the university and modules that were developed for the use of all family service coordinators. The state reported success in these activities as providers surveyed found them to be useful tools. Based on the success of professional development, stakeholders indicated a need to pursue professional development further by implementing ongoing training and coaching to support providers. Previous activities included partnering with the university to take part in their trainings pertaining to early childhood, and EI providers will continue to be encouraged to attend as topics presented are relevant to the EI field of practice. New family service coordinators will also continue to utilize the online modules.

So as a result of activities over the last six years, with significant stakeholder involvement, the new Theory of Action and Activity/Evaluation Plan has been created and will be implemented. Timelines have been updated based on the expanded activities of ongoing training and coaching. A large part of the first year will be focused on designing and setting up the PD framework with the university and a contracted trainer/coach. This time will also be used to develop an application process for selecting the early adopters of the new framework and setting up cohorts in a manner that is possible in Wyoming, given our sparse population and resources.

To build on the progress and good results of training over the last few years, new activities also are planned under the EBP and Family Engagement strand to design and provide training activities for all providers in the state, including the development of a community of practice for ongoing TA and support. Training activities related to family engagement and social emotional development will be available statewide.

With the introduction of the updated Battelle Developmental Inventory, additional activities were identified. Technical assistance will be updated with input from EI providers, training on the new tool will be offered, and a new system for data analysis will be developed.

**Section C: Stakeholder Engagement**

Description of Stakeholder Input

WDH, EIEP works closely with the state's Early Intervention Council (ICC) and other various stakeholders. The ICC consists of parents, University of Wyoming staff, EIS Program directors, a state legislator, a state Medicaid staff physician, a member of a local school district, and members from the state's Department of Health, Department of Family Services, and Department of Education.

The ICC was tasked with providing input on Wyoming's targets for the SPP/APR. The ICC met with WDH, EIEP in July and August 2021 to review and determine targets and voted to maintain targets. The ICC and various stakeholders which included early intervention providers conducted a variety of extensive activities towards the development and implementation of the State's Systemic Improvement Plan (SSIP). These stakeholders take an active and ongoing role in reviewing the SSIP data and implementation, which includes all the strategies currently being utilized, to ensure ongoing improvement.

In the stakeholder meetings for a given indicator, stakeholders reviewed the historical data and the projections for where the State would be in 2025-26 if all things stayed the same. Stakeholders were provided with an overview of the advantages and disadvantages of predictive models as well as an overview of the mindset for target-setting. Stakeholders were told that they would be selecting the end target (2025-26) for a given indicator. The State would then calculate intervening targets between FFY2020 and FFY2025 whereby there would be no increase in the target the first year, then small increments, and then the largest increment from 2024-25 to 2025-26. The purpose of using small increments at the beginning and large increments at the end is to allow enough time for district and school staff members to implement new initiatives and to change practices so that they have an opportunity to realistically meet the intervening targets along their way to the rigorous end target. After this overview in the initial stakeholder meetings, the stakeholders then determined a challenging and achievable target for the 2025-26 school year. The State then calculated intervening targets and shared these intervening targets with the same as well as additional stakeholders to get final approval for all the targets.

During target setting meetings, reports were given on progress towards the indicators. As part of the target setting process for the 2/1/2022 submission, we hosted two ICC meetings where data was presented for analysis and discussion. The data for each indicator was analyzed and members had an opportunity to reflect on the data and ask questions. Part of that discussion was barriers to improving outcomes and suggestions for improvement strategies. All responses were recorded and taken into account by state staff as part of the target setting process.

Quarterly ICC meetings are open to the public. Notices of the meetings are posted in local newspapers at least twice prior to each meeting, as well as on the public website. Local providers are invited and encouraged to attend on-site meetings, and to bring any parent members who might be interested as well. During the ICC meetings, WDH, EIEP received input on the targets for all indicators after the data was presented for analysis. Improvement strategies and evaluating progress was included in these discussions. In addition, WDH, EIEP provided online surveys for target setting to regional programs, encouraging them to seek input from providers and parents across the state. An online survey was created for each of the indicators; each survey asked respondents to provide input on the end target and the intervening targets. Two-hundred-twenty-eight people from various communities across the state completed the online surveys; of these 228, 29 were parents. Of the survey respondents, between 73-97% agreed with the proposed targets set for FFY2020 through FFY2025. Thus, WDH,EIEP is confident in the targets that were chosen.

The ICC and additional stakeholders which included early intervention providers conducted a variety of extensive activities towards the development and implementation of the SSIP. These stakeholders take an active and ongoing role in reviewing the SSIP data and implementation, which includes all the strategies currently being utilized, to ensure ongoing improvement.

For the SSIP work going forward, the ICC recommended in October 2021 that an additional stakeholder group be formed, to include some current members of the ICC, parents, and early childhood experts who were currently practicing in the field and working with the birth to three population. Based on their recommendations, the stakeholder subgroup that was formed contained one parent representative (an additional parent agreed to participate but was unable to attend the meetings), a representative from Parents Helping Parents of Wyoming, an executive director from a large provider organization, an executive director from the reservation, three social-emotional experts currently working in the field with families from different geographical regions of the state, an early learning specialist from the Wyoming Department of Education, and a representative from the early childhood program at the University of Wyoming.

The group to date has met three times and was key to the development of the new Theory of Action and plans for the SSIP going forward. Meetings consisted of reviewing past SSIP activities, historical data trends, professional development activities, information on what other states are implementing as part of their SSIP, and some models for implementing curriculums/tools in the area of Evidence-Based Practices. There were also several robust discussions surrounding what providers are seeing as needs in working with families generally, and some additional challenges during COVID and the extra stress reported by families of young children.

**Describe the specific strategies implemented to engage stakeholders in key improvement efforts.**

The stakeholders were tasked with doing an in-depth review of the Theory of Action and deciding whether to continue with the original version or to update it. The stakeholders expressed wanting to narrow down and clarify the focus; it was determined to revise the action strands to reflect three coherent improvement strategies rather than four. Stakeholders expressed the need for additional assistance implementing strategies for the long term after the initial trainings, as implementing strategies is the more difficult part of improving practices. It was not difficult to engage stakeholders; they were eager to share their ideas and challenges in doing this type of work. The stakeholders were asked if they wanted to re-convene the group in late spring, but that idea was rejected as they wanted to meet sooner in order to stay involved throughout the process, and agreed to meet again in early spring. They suggested an agenda for the next meeting which will include hearing more about what other states are doing as they think that building on a model that is already working well elsewhere will be an efficient way to develop a system for professional development. The state intends to continue to use this group as an important way of ensuring stakeholder input.

**Were there any concerns expressed by stakeholders during engagement activities? (yes/no)**

YES

**Describe how the State addressed the concerns expressed by stakeholders.**

Stakeholders expressed concern about being able to implement "one more thing" due to significant provider shortages which have become more widespread since the beginning of the pandemic. There was also a concern with implementing a program and skills when many providers are likely doing these things already. These concerns were addressed during the meetings by emphasizing the need for a "home grown" program that is going to work for Wyoming. The work of other states will be reviewed, and the emphasis will be on similar states with limited resources and that contain sparsely populated areas. The state also emphasized what providers can possibly gain from these activities- professional development, enhancement of skills, support from their colleagues, and the ability to assist families who have children with complex needs. An explanation of the coaching model was also presented multiple times as this has not been a widely used model in Wyoming to date.

**Additional Implementation Activities**

**List any activities not already described that the State intends to implement in the next fiscal year that are related to the SiMR.**

**Provide a timeline, anticipated data collection and measures, and expected outcomes for these activities that are related to the SiMR.**

In 2022, the PD framework will be drafted, an instructor will be chosen, training materials will be developed and a process for forming and selecting cohorts will occur. The initial training with a coach will begin in Fall 2022. For the Evidence-Based Practices and Family Engagement strand, this will be designed to be ongoing training throughout the state, starting with training on Wyoming’s newly revised Early Learning Guidelines in the Spring of 2022. Trainings will be provided on EBPs on an ongoing bases and in 2023, the activities will be analyzed and updated as needed. The timeline for work in the Assessment strand is ongoing. Training for use of the BDI is occurring in early 2022 and activities will be ongoing for supporting the providers with technical assistance.

Data collection will be ongoing as data is collected each time a child enters or exits the program, and results are recorded in the BDI-2 Data Manager. Ongoing efforts will occur to ensure the data is properly recorded for Part C exits and transitions to preschool.

Expected outcomes for professional development are to develop a PD framework with stakeholder input, cohorts will be chosen and begin training with a contracted coach. For the strand of EBPs and Family Engagement, providers will be assessed on their knowledge in the use of practices related to social emotional development, training will occur on the new early learning guidelines for Wyoming, and a toolbox will be developed for providers to use with families. For assessment, expected outcomes are that EI providers will follow the same procedures for recording results in the state software system and the scoring platform, and that data will be used to determine if children are making progress and providers will have skills needed to use the data for program improvement.

**Describe any newly identified barriers and include steps to address these barriers.**

**Provide additional information about this indicator (optional).**

## 11 - Prior FFY Required Actions

None

## 11 - OSEP Response

The State provided targets for FFYs 2020 through 2025 for this indicator, and OSEP accepts those targets.

The State provided an explanation of how COVID-19 impacted its ability to collect FFY 2020 data for this indicator and steps the State has taken to mitigate the impact of COVID-19 on data collection. This explanation can be found under Indicator 3 in the Additional Information section.

## 11 - Required Actions

# Certification

**Instructions**

**Choose the appropriate selection and complete all the certification information fields. Then click the "Submit" button to submit your APR.**

**Certify**

**I certify that I am the Director of the State's Lead Agency under Part C of the IDEA, or his or her designee, and that the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report is accurate.**

**Select the certifier’s role**

Lead Agency Director

**Name and title of the individual certifying the accuracy of the State's submission of its IDEA Part C State Performance Plan/Annual Performance Report.**

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